

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Field Office MiMaRoPa Region 1680 F.T. Benitez corner Malvar Sts., Malate, Manila

REQUEST FOR QUOTATION - 2nd EXTENSION

		RFQ No Date:	2024-04-0321 Shopping-B
0		Date.	April 30, 2024
Company Name	:	_	
Company Address	:	_	
Contact Person	:	_	
Contact No.	:	_	
Email Address	:	_	
Company TIN	:		
PhilGEPS Reg. No.	:	-	
Sir/Madam:		•	
,	ernment price/s including delivery charges s listed in Annex A . <u>Failure to indicate in</u> chures, catalogues, literatures and/or sam	DIATION SAULA LA L	ble taxes, and other incidental asis for non -compliance. Also, furnish
If you are exclusive man quotation a duly notariz	nufacturer, distributor, or agent in the Philized certification to this effect.	ippines for goods listed	in Annex A, please attach in your
accordance with the a Omnibus Sworn Statem	ich copies of your Company's Business latest Income/Business Tax Return and ttached format marked as Annex B. If a lent (if previously submitted is unnotarized usiness Permit and PHILGEPS Registration	a notarized or unnot awarded , please submit the Continues of D	arized Omnibus Sworn Statement in
7, 2024 (Tuesday). Quo	submit this form together with Annex A to or Malvar Sts., Malate, Manila or email to: otations submitted to different email addres object of your email the title of the Project	elcholasco@dswd.go	v.ph not later than <u>5:00 PM on May</u>
			Very truly yours,
		/	
T		Admi	RVY B. (ALABIO pietratije Officer V 4/36/2624) ement/Section Head
Terms and Conditions:	. <u></u>		Sind Godion Head
Award shall be made Price Validity shall	be valid until: One Hundred Twenty (12	20)Calendar davs	lot basis
o. Oervices shall be d	envered on: _I wenty (20) Calendar Day	s after receipt of Appr	oved Purchase Order
Place of Delivery:	Pantawid Provincial Operation Office Mindoro	e, M. H. Del Pilar St. Bı	gy. 7, San Jose, Occidental
5. Terms of Payment:	within 30 days upon final inspection	and acceptance	
Account Name:	DDAP-ADA (List of Due and Demandab	le Accounts Payable-	Advice to Debit Account)
Bank Name:		Branch	lumber :
6. Liquidated Damage	Bank of the Philippines accounts shall	be charged a service	fee
the amount of the	liquidated damages shall be at least an		the time specified above,
	ten percent (10%) of the amount of con ut prejudice to other courses of action dicate brand, model and course of action		
			e under the circumstances.
o riease indicate war	ncy between unit cost and total cost, unit c ranty:		
10. NOTE: "Prospec	tive supplier must be registered at the	Philippine Governmen	nt Electronic Procurement System
(FIIIIGEP	S). You may visit the PhilGEPS website	e at www. philgeps.go	v.ph to register "
EMMA IOV	C. NOLASCO		
Telefax: 5336-8106 to	27 loc. 24052	0	ignoture Over District
Contact Number: 099	Celefax: 5336-8106 to 07 oc. 24052 Contact Number: 09994602492		gnature Over Printed Name

(Supplier)



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office MiMaRoPa Region 1680 F.T. Benitez comer Malvar Sts., Malate, Manila

Note: Prospective supplier must be registered at the Philippine Government Electronic Procurement System (PHILGEPS). You may visit the PHILGEPS website at www.philgeps.gov.ph to register

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Date:		(should be filled up by suppplier)	
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	ny Addres t Person	S	<u>:</u>			¥.
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Email A	ddress		:			
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PhilGER	S Reg. No	o.	<u> </u>			
Item					T T	#
No.	Qty.	Unit	PARTICULARS	Bidder's Specifications (Please fill out the specifications in the space provided) NOTE: Supplier must state here either the statement of compliance either " <u>COMPLY</u> or " <u>NOT COMPLY</u> ". "Failure to indicate information could be basis for non-compliance."	Unit Cost Total Co	st
			SUPPLY AND DELIVERY OF OFFICE SUPPLIES FOR PANTAWID POO, OCCIDENTAL MINDORO FOR 2ND QUARTER, 2024			
1	2	pack	PHOTO PAPER, A4, 10pieces/pack			1
2	16	box	PLASTIC FASTENER, 50pieces/box			15
3	176	piece	SIGN PEN, Extra Fine Tip, Black			#
4	106	piece	SIGN PEN, Extra Fine Tip, Blue			╬-
5	3	bottle	INK, for stamp pad			The state of the s
6	35	roll	TAPE, transparent, 24mm			1
7	20	roll	TAPE, transparent, 48 mm			1
8	12	box	CLIP, backfold, 19mm			
9	44	box	CLIP, backfold, 32mm			1
10	7	box	CLIP, backfold, 50mm			#_
11	67	piece	CORRECTION TAPE, film based type, 8meters			
12	1	piece	MARKER, Whiteboard, Black			#
13	42	box	PAPER CLIP, vinly/plastic coated, 33mm			
14	5	box	PAPER CLIP, vinly/plastic coated, jumbo, 50mm			1
15	11	pad	NOTEPAD, stick-on, 76mm x 76mm (3" x 4")			1
16	120		PAPER, MULTICOPY, A4, 80gsm			1
17	106		PAPER, MULTICOPY LEGAL, 80 gsm			#
18	16		INK CARTRIDGE, EPSON 005, Black, 120ml			#
19	12		INK EPSON 001, Black			╫
20	9		INK EPSON 001, Cyan			Ti.
21	9		INK EPSON 001, Magenta			
22	9		INK EPSON 001, Yellow			
23	62	piece	RETRACTABLE PEN, black, 0.5			#-
1	ĺ		*****NOTHING FOLLOWS*****			#-
			TOTAL APPROVED BUDGET FOR THE CONTRACT: Eighty Thousand Nine Hundred Twenty Six Pesos and 51/100 Only (Php80,926.51)			
			page 1 of 1	/		
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				Note: Please specify brand model/origin .		
						1
JRPOSE	:	SUPPLY A 2ND QUAR	ND DELIVERY OF OFFICE SUPPLIES FOR PANTAWID POO, OCCIDENTAL I	MINDORO FOR		-
R No.:		024-04-03	·			

(Signature over Printed name)

VAT Non-VAT

MPORTANT: The winning bidder MUST SIGN the original copy of Purchase Order (P.O.) at DSWD FO MIMAROPA Region, Procurement Section within three (3) days from the date advance copy was served thru email. F <u>All URE to show up and sign the original P.O. means the bidder is not interested and will be ground for suspension or blacklisting in DSWD's future biddings.</u>