



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

REQUEST FOR QUOTATION

RFQ No: 2024-05-0453

Date: June 4, 2024

Company Name _____
Company Address _____
Contact Person _____
Contact No _____
Email Address _____
Company TIN _____
PhilGEPS Reg No _____

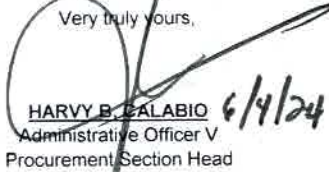
Sir/Madam:

Please quote your government price/s including delivery charges, VAT or **other applicable taxes**, and other incidental expenses for the goods listed in **Annex A**. **Failure to indicate information could be basis for non-compliance**. Also, furnish us with descriptive brochures, catalogues, literatures and/or samples, if applicable.

If you are exclusive manufacturer, distributor, or agent in the Philippines for goods listed in Annex A, please attach in your quotation a duly notarized certification to this effect.

Additionally, please attach copies of your **Company's Business Permit, Mayor's Permit, PCAB License (if applicable), PhilGEPS Certificate, latest Income/Business Tax Return** and a notarized or unnotarized **Omnibus Sworn Statement in accordance with the attached format marked as Annex B**. If awarded, please submit immediately the duly notarized Omnibus Sworn Statement (if previously submitted is unnotarized). The **Certificate of Platinum Membership** maybe submitted in lieu of the Mayor's /Business Permit and PHILGEPS Registration Number.

Please accomplish and submit this form together with Annex A to DSWD MIMAROPA Region -BAC Secretariat at 2nd Floor 1680 F.T. Benitez corner Malvar Sts., Malate, Manila **or email to: procurement.fomimaropa@dswd.gov.ph and bfcumigad@dswd.gov.ph** not later than **5:00 PM on June 10, 2024 (Monday)**. Quotations submitted to different email address(es) as stated above shall not be considered for evaluation. Please indicate in the subject of your email the title of the Project using this format: **[RFQ Number], [Deadline of Submission]**

Very truly yours,

HARVY B. GALABIO 6/4/24
Administrative Officer V
Procurement Section Head

Terms and Conditions:

- Award shall be made on per: item basis total quoted price lot basis
- Price Validity shall be valid until: **One Hundred Twenty (120) Calendar days**
- Services shall be delivered on: **7 Calendar Days upon receipt of Approved P.O**
- Place of Delivery: **SWAD Office Occidental Mindoro - M.H. Del Pilar St., Brgy. 7, San Jose, Occidental Mindoro**
- Terms of Payment: **within 30 days upon final inspection and acceptance**
Payment through LDDAP-ADA (List of Due and Demandable Accounts Payable- Advice to Debit Account)
Account Name: _____ Account Number : _____
Bank Name: _____ Branch: _____
****Note: Non Land Bank of the Philippines accounts shall be charged a service fee**
- Liquidated Damages/Penalty: **In case of failure to make full delivery within the time specified above, the amount of the liquidated damages shall be at least equal to one-tenth of one percent (0.001) of the cost of the unperformed portion for every day of delay shall be imposed. Once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of contract, the Procuring Entity may rescind or terminate the contract without prejudice to other courses of action and remedies available under the circumstances.**
- For goods please indicate brand, model and country of origin.
- In case of discrepancy between unit cost and total cost, unit cost shall prevail.
- Please indicate warranty.
- 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 "


BRYANT E. CUJIGAD

Telefax: 5336-8106 to 07 loc. 24052
Contact Number: 09203446606

Signature Over Printed Name
(Supplier)



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RFQ No. 2024-05-0453

Date: _____ (should be filled up by supplier)

Company Name : _____
 Company Address : _____
 Contact Person : _____
 Contact No. : _____
 Email Address : _____
 Company TIN : _____
 PhilGEPS Reg. No. : _____

MOP: SHOPPING - B

Item 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 "COMPLY" or "NOT COMPLY". "Failure to indicate information could be basis for non-compliance."	Unit Cost	Total Cost
Office Supplies for the use of Disaster Response Management Division Provincial Staff of Occidental Mindoro CY 2024						
1	3	bottle	INK, for stamp pad			
2	20	box	STAPLE WIRE, standard			
3	18	roll	TAPE, masking, 24mm			
4	15	roll	TAPE, masking, 48 mm			
5	15	roll	TAPE, packaging, 48 mm			
6	18	roll	TAPE, transparent, 24mm			
7	18	roll	TAPE, transparent, 48 mm			
8	2	unit	CALCULATOR, Compact, 12 digits			
9	30	piece	Correction Tape 5mmx10m			
10	10	piece	DATA FILE BOX, made of chipboard, with closed ends			
11	10	box	FASTENER			
12	2	box	PAPER CLIP, vinly/plastic coated, 33mm			
13	2	box	PAPER CLIP, vinly/plastic coated, jumbo, 50mm			
14	1	box	RUBBER BAND No. 18			
15	2	piece	TAPE DISPENSER, table top			
16	20	pad	NOTEPAD, stick-on, 50mm x 76mm			
17	20	pad	NOTEPAD, stick-on, 76mm x 100mm			
18	20	pad	NOTEPAD, stick-on, 76mm x 76mm			
19	40	ream	PAPER, MULTICOPY A4, 80 GSM			
20	25	ream	PAPER, MULTICOPY LEGAL, 80 GSM			
21	2	book	RECORD BOOK, 500 PAGES			
22	60	piece	BALLPEN 0.5			
23	4	roll	DOUBLE SIDED TISSUE TAPE 24mmx10m			
24	12	piece	FLEXIBOX Storage Box 67Liters.			
25	2	piece	STAPLER, standard type			
26	2	unit	STAPLER, heavy duty (binder)			
27	2	piece	STAPLE REMOVER, plier-type			
28	20	pcs	Ink Epson 003 Black			
29	10	pcs	Ink Epson 003 Cyan			
30	10	pcs	Ink Epson 003 Yellow			
31	10	pcs	Ink Epson 003 Magenta			
32	1	pcs	Heavy Duty Puncher			
NOTHING FOLLOWS						
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: fit-content; margin: 0 auto;"> <p>TOTAL APPROVED BUDGET FOR THE CONTRACT: Sixty Seven Thousand Six Pesos and 42/100 Only (Php 67,006.42)</p> </div>						
				Note: Please specify brand model/origin .		

PURPOSE: Office Supplies for the use of Disaster Response Management Division Provincial Staff of Occidental Mindoro CY 2024

PR No.: RFQ No. 2024-05-0453

VAT
 Non-VAT

 (Signature over Printed name)
 Supplier

IMPORTANT: 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. **FAILURE** 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.



REQUEST FOR QUOTATION (RFQ) RECEIVING FORM

I hereby certify that I _____, of _____ has received the Request for Quotation (RFQ No. _____) from DSWD MIMAROPA Region intended for _____.

Certified by:

(Signature Over Printed Name of Supplier)

Contact No: _____

Email Address: _____

RFQ Delivered by:

(Signature Over Printed Name of Canvasser)

Position : _____

Date /Time of Delivery : _____

Note: This form shall be used and issued in cases when RFQ is personally delivered to prospective supplier/service provider.

