

Contact Number: 09565162748

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office MiMaRoPa Region

1680 F.T. Benitez corner Malvar Sts., Malate, Manila

REQUEST FOR QUOTATION

		RFQ No. 2024-05-0422 NP-SVP
		Date: July 1, 2024
Company Name		
Company Address	1	
Contact Person		
Contact No.	-	
Email Address		
Company TIN	* 1	
PhilGEPS Reg. No.	X	
Sir/Madam:		
expenses for the good		s, VAT or other applicable taxes, and other incidental information could be basis for non -compliance. Also, Wor samples, if applicable.
53 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	nanufacturer, distributor, or agent in the Phil rized certification to this effect.	lippines for goods listed in Annex A, please attach in your
PhilGEPS Certificat accordance with the Omnibus Sworn State	e, latest Income/Business Tax Return an e attached format marked as Annex B. If	Permit, Mayor's Permit , PCAB License (if applicable), d a notarized or unnotarized Omnibus Sworn Statement in awarded , please submit immediately the duly notarized d. The Certificate of Platinum Membership maybe S Registration Number.
1680 F.T. Benitez co maediones@dswd.g address(es) as state	rner Malvar Sts., Malate, Manila <u>or email to</u> gov.ph not later than <u>5:00 PM on July 8, 2</u>	o DSWD MIMAROPA Region -BAC Secretariat at 2nd Floor o: procurement.fomimaropa@dswd.gov.ph and 2024 (Monday). Quotations submitted to different email ion. Please indicate in the subject of your email the title of the ssion].
Terms and Condition	ons:	HARVY BY CALABIO Administrative Officer V Procurement Section Head
Award shall be		X total quoted price lot basis
	hall be valid until: One Hundred Twenty	(120) Calendar days
		lays upon receipt of approved Purchase Order (P.O)
Place of Delive Terms of Payo	ery: MIMAROPA Youth Center Poblaci ment: within 30 days upon final inspecti	
Payment throu	gh LDDAP-ADA (List of Due and Demand	dable Accounts Payable- Advice to Debit Account)
Account Nam	e:	Account Number :
Bank Name:_ **Note: Non L	and Bank of the Philippines accounts sh	Branch:
6. Liquidated Dar	mages/Penalty: In case of failure to	make full delivery within the time specified above,
the amount o	the liquidated damages shall be at leas	t equal to one-tenth of one percent (0.001) of the cost of
damages read	thes ten percent (10%) of the amount of	oe imposed. Once the cumulative amount of liquidated contract, the Procuring Entity may rescind or terminate
the contract v	vithout prejudice to other courses of act	ion and remedies available under the circumstances.
7. For goods plea	ase indicate brand, model and country of or	igin.
In case of disc Please indicat	repancy between unit cost and total cost, u e warranty:	THE COSE SHAIL PREVAILS
10. NOTE: "Pro (Phi	ospective supplier must be registered at	the Philippine Government Electronic Procurement System osite at www. philgeps.gov.ph to register "
	NTHONY E DIONES	
200	06 to 07 loc. 24052	Signature Over Printed Name

(Supplier)



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Field Office MiMaRoPa Region
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bsite at v			PHILGEPS). You may visit the PHILGEPS to register	RFQ No. 2024-05-0422 NP-SVP		
website at www.philgeps.gov.ph to register			#42°1321	Date:	(should be filled up by suppplier)	
mpany	Name			MOP: NP-SVP		
Company Address : Contact Person : Contact No. : Contact No. : Contact No. : Company TIN						
			1			
ilGEPS	Reg. No.		<u> </u>			
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 noncompliance."	Unit Cost	Total Cos
1	15	pcs	Armchair (77cm x 48cm)			
2	1	pcs	Classroom Table (L-100cm, W-50cm, H-75cm)			
3 2	2	pcs	Filing Cabinet (1850, W900, D400mm) Grey Metal *** Nothing Follows***			
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		/	TOTAL APPROVED BUDGET FOR THE CONTRACT: Fifty-Three Thousand Seven Hundred Ten Pesos Only (Php 53	(,710.00)		
	L	-	711,71110071100011100111101111111111111			
		-				
				Note: Please specify brand model/origin .		
URPO R No.:			se of Furniture and fixture for educational services of MIMAROPA 5-0422 NP-SVP	Youth Center (MYC) Residents CY 2024		

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. F AILURE 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.