

REQUEST FOR QUOTATION

RFQ No. 2024-05-0441 SHOPPING B
Date: July 1, 2024

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

Sir/Madam:

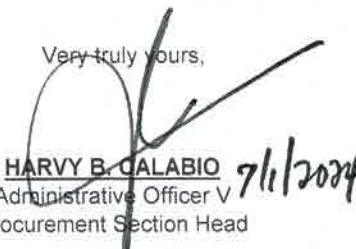
Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in Annex A. **Failure to indicate information could be basis for non-compliance.** Also, furnish us with descriptive brochures, catalogues, literatures and/or 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 maediones@dswd.gov.ph** not later than **5:00 PM on July 8, 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
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: **Fifteen (15) Calendar days upon receipt of approved Purchase Order (P.O)**
- Place of Delivery : **MIMAROPA Youth Center Poblacion, Bansud, Oriental 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 "**


MARK ANTHONY E. DIONES

Telefax: 5336-8106 to 07 loc. 24052
Contact Number: 09565162748

Signature Over Printed Name
(Supplier)



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

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Date: _____ (should be filled up by supplier)

MOP: SHOPPING B

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

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
1	10	box	Smooth Ink Pen,black, 0.5mm, 12pcs/box			
2	1	box	Folder, expanded, long (green) 100pcs/Pack			
3	2	ream	White Folder Long 100pcs/Box			
4	50	piece	Lever Arch Folder Horizontal; size A4			
5	20	pack	Colored Paper/ Assorted 100pcs/pack			
6	1	ream	Cartolina Assorted Colors 25pcs/color			
7	50	ream	Paper, Copy, Multi-purpose, A4, 80GSM			
8	15	ream	Paper, Copy, Multi-purpose, LEGAL, 80GSM			
9	10	roll	Tape, double-edged, 1" without cushion			
10	12	roll	Tape, double-edged, 1" with cushion			
11	20	pack	Photo Paper, Glossy, A4, 230 gsm, 210 x 297mm, 20sheets/pack			
12	1	roll	Plastic Cover 50 yards			
13	1	roll	Laminating Film Roll 9 inches 250 Microns (50meters)			
14	3	box	Marking Pen, whiteboard, black 10pcs/Box			
15	3	box	Marker, permanent, black 10pcs/Box			
16	30	book	Record Book, 300pages,smythe sewn			
17	20	book	Record Book, 500pages, smythe sewn			
18	3	box	Sign Pen, 0.3mm, Black 12pcs/Box			
19	1	box	Sign Pen, 0.3mm, red 12pcs/Box			
20	10	roll	Tape, masking, 24mm, 50 meters length			
21	10	roll	Tape, masking,48mm, 50 meters length			
22	10	roll	Tape, transparent, 24mm, 50 meters			
23	10	roll	Tape, transparent, 48mm, 50 meters			
24	10	roll	Tape, packaging, 48mm, 50 meters length			
25	10	box	Stapler Wire #33			
26	30	piece	Ink Black 003 (65ml), Epson L3210			
27	10	piece	Ink Cyan 003 (65ml), Epson L3210			
28	10	piece	Ink Magenta 003 (65ml), Epson L3210			
29	10	piece	Ink Yellow 003 (65ml), Epson L3210			
30	5	dozen	Illustration Board size 1/8 12pcs/Pack			
31	3	dozen	Illustration Board size 1/4 12pcs/Pack			
32	100	pcs	Glue Stick			
33	50	pack	Popsticle Stick 50pcs/Pack			
*** Nothing Follows***						
TOTAL APPROVED BUDGET FOR THE CONTRACT: Seventy-Nine Thousand Twenty Pesos Only (Php 79,020.00)						
				Note: Please specify brand model/origin .		

PURPOSE: Purchase of Office Supplies for the MIMAROPA Youth Center (MYC) Residents for CY 2024
 PR No.: 2024-05-0441 SHOPPING B

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.