



REQUEST FOR QUOTATION

RFQ No. 2024-07-0689 SHOPPING B
 Date: July 18, 2024

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

Sir/Madam:

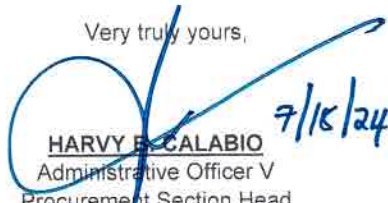
Please quote your government price/s including delivery charges, VAT or **other applicable taxes**, and other incidental expenses for the goods listed in **Annex A**. **Failure to indicate information could be basis for non-compliance**. Also, furnish us with descriptive brochures, catalogues, literatures 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 25, 2024 (Thursday)**. 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 ESCALABIO 7/18/24
 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: Fifteen (15) Calendar days upon receipt of approved Purchase Order (P.O)
- Place of Delivery : DSWD MIMAROPA (1680 F.T. Benitez cor. Malvar St., Malate, Manila)
- 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

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

RFQ No. 2024-07-0689 SHOPPING B

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	20	ream	PAPER, MULTICOPY, 80gsm, size: 210mm x 297mm (A4)			
2	20	box	BINDER CLIP, 50mm 12pcs/box			
3	5	rolls	Transparent Tape, 24mm			
4	5	pack	KRAFT ENVELOP, Expanding, Legal, 380 x 250mm with string and eyelet or elastic strap, 10pcs/pack			
5	1	pack	FOLDER, with TAB, LEGAL, tagboard, leaf Dimension: 240mm x 365mm, tab			
6	3	piece	3 LAYER METAL DESK TRAY, Mesh Type, Desk File Organizer, Document Paper			
7	5	toner	BROTHER Toner Cartridge, TN3608			
8	2	toner	BROTHER Toner Cartridge, TN2480			
9	2	drum	BROTHER Toner, drum DR2455			
10	5	drum	BROTHER Toner, drum DR3608			
11	3	box	HEAVY DUTY RUBBER BAND GOMA, 350 GRAMS FLAT/ROUND NO. 8			
12	2	piece	SELF-INKING STAMP, Dater 4810			
13	12	piece	MULTI-PURPOSE STORAGE BOX, 130L			
14	5	bottle	INK REFILL, 28M Black			
15	5	bottle	INK REFILL, 28M Blue			
16	2	piece	HEAVY DUTY DESKTOP SHARPENER, Stainless steel			
17	4	packs	LOOSELEAF COVER FOLDER, 50pieces/pack			
18	3	box	FINE TECH BALLPEN, 0.3mm blue, 12pieces/box			
19	2	box	FINE TECH BALLPEN, 0.3mm black, 12pieces/box			
20	2	box	SIGN PEN, Medium Tip 1.0mm, blue			
22	5	rolls	TWINE STRAW, 400grams			
23	10	piece	ARCH FILE FOLDER 3" WITH HARD COVER SIDE 2 RING BINDER, LONG			
			*** Nothing Follows***			
			TOTAL APPROVED BUDGET FOR THE CONTRACT: Sixty-Eight Thousand Nine Hundred Forty-Nine Pesos Only (Php 68,949.00)			
				Note: Please specify brand model/origin .		

PURPOSE: Purchase Request of Office Supplies for the 3rd quarter of Sustainable Livelihood Program
 PR No.: 2024-07-0689 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.**