



REQUEST FOR QUOTATION

RFQ No. 2024-07-0693A SHOPPING B
 Date: July 29, 2024

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

Sir/Madam:

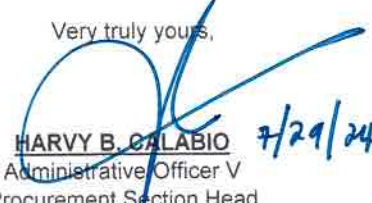
Please quote your government price/s including delivery charges, VAT or **other applicable taxes**, and other incidental expenses for the goods listed in **Annex A**. **Failure to indicate information could be basis for non-compliance**. Also, furnish us with descriptive brochures, catalogues, literatures 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 August 5, 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 : **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

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RFQ No. 2024-07-0693A SHOPPING B

Date: _____ (should be filled up by supplier)

MOP: SHOPPING B

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

Item			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
No.	Qty.	Unit				
2	10	Pad	Stapler Standard Type			
3	2	Box	Envelope, Expanding Craft (Long), 100pcs per box			
4	15	Cart	HP 680 Ink Black			
5	15	Cart	HP 680 Ink Tri-Color			
6	2	Bundle	Looseleaf Cover 50pcs per bundle			
7	50	Ream	Paper Multicopy (A4 80gsm)			
8	50	Ream	Paper Multicopy (Legal/Long 80gsm)			
9	10	Roll	Plastic Twine			
10	10	Pcs	Calculator Compact			
11	5	Pack	Battery, dry cell, size AA 3pcs			
12	50	Piece	Signpen Medium Tip/Black			
*** Nothing Follows***						
<p>TOTAL APPROVED BUDGET FOR THE CONTRACT: Fifty-One Thousand Five Hundred Eighty Pesos and Eighty-Eight Centavos Only (Php 51,580.88)</p>						
Note: Please specify brand model/origin .						

PURPOSE: Purchase of Office Supplies For the use of Social Pension Staff in Regional Office, 2nd Sem CY 2024
PR No.: 2024-07-0693A SHOPPING B

(Signature over Printed name)
Supplier

VAT
 Non-VAT

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.