

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

## REQUEST FOR QUOTATION

		RFQ No. 2024-08-0768 Shopping B
		Date: August 27, 2024
Company Name	8	
Company Address		
Contact Person	2	
Contact No.	3	
Emai #		
	**	
Company TIN	%	
PhilGEPS Reg. No.		
Sir/Madam:		
goods listed in Anne		VAT or other applicable taxes, and other incidental expenses for the lid be basis for non -compliance. Also, furnish us with descriptive
If you are exclusive n duly notarized certification		ippines for goods listed in Annex A, please attach in your quotation a
Certificate, latest In the attached format	come/Business Tax Return and a notarize marked as Annex B. If awarded , please is unnotarized. The Certificate of Platinum	Permit, Mayor's Permit , PCAB License (if applicable), PhilGEPS ed or unnotarized Omnibus Sworn Statement in accordance with submit immediately the duly notarized Omnibus Sworn Statement (if Membership maybe submitted in lieu of the Mayor's /Business Permit
Benitez corner Malva (Tuesday). Quotation	ar Sts., Malate, Manila or email to: ccrvict	DSWD MIMAROPA Region -BAC Secretariat at 2nd Floor 1680 F.T.  stricorio@dswd.gov.ph not later than 5:00 PM on September 3, 2024  stated above shall not be considered for evaluation. Please indicate in RFQ Number 1, [Deadline of Submission].  Very truly yours,  HARVY B. CALABIO & JAMA  Administrative Officer V  Procurement Section Head
Terms and Conditio	ns:	
Award shall be     Price Validity shall be	made on per: item basis nall be valid until: one Hundred Twenty (12	X total quoted price ot basis O Calendar days
<ol><li>Services shall b</li></ol>	ne delivered on: 45 CD upon receipt of app	
4. Place of Delive	y: D8WD MIMAROPA FO 1680 F.T. Ben	itez St. cor Malvar St., Malate, Manila
	ent: within 30 days upon final inspection on LDDAP-ADA (List of Due and Demandal	ble Accounts Payable- Advice to Debit Account)
Account Name		Account Number :
Bank Name:	and Bank of the Philippines accounts shal	Branch:
<ol><li>Liquidated Dan</li></ol>	nages/Penalty: In case of failure to ma	ike full delivery within the time specified above,
the amount of	the liquidated damages shall be at least e	qual to one-tenth of one percent (0.001) of the cost of
		imposed. Once the cumulative amount of liquidated intract, the Procuring Entity may rescind or terminate
		n and remedies available under the circumstances.
	se indicate brand, model and country of origin epancy between unit cost and total cost, unit	
<ol><li>Please indicate</li></ol>	warranty:	2
	(EPS). You may visit the PhilGEPS websit	e Philippine Government Electronic Procurement System te at www. philgeps.gov.ph to register "
CATHERINE	CATHY R. VICTORIO	
Proc	rement Officer	
Telefax: 5336-810 Contact Number:	6 to 07 loc. 24052	Signature Over Printed Name (Supplier)
Contact Number	U3304140030	( Supplier)



## DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office MiMaRoPa Region

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

	and the second	7 1 7 1 1 1 1 1 1	must be registered at the Philippine Government Electronic Procurement System				
FRIEGE	-3), 100	may visi	t the PHILGEPS website at www.philgeps.gov.ph to register	Date:		( should be filled up by suppplier)	
Compa	ny Nam	е	:	MOP: Shopping	В		
Compa	ny Addr	ess	7	2.7 2			
			<del></del>				
	Person	n	<u>1</u>				
Contact	No.		<u> </u>				
Email A	ddress		3				
Compa	ny TIN		3				
PhilGFI	PS Reg.	No	<del>2</del>				
	- 1105			<del></del>			
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	
	27		Purchase of Office Supplies for for CIS AICS Regional Office 2nd Semester				
1/	20	roll	TAPE, masking, 24mm				
2	100	roll	TAPE, TRANSPARENT, width: 24mm				
3	5	рс	TAPE DISPENSER, table top				
4	240	рс	CORRECTION TAPE: 6METER (min)individual pack				
5	60	рс	SIGN PEN, BLACK, 0.7mm, black				
6	60	pc	SIGN PEN, BLUE, 0.7mm, blue				
7	60	рс	SIGN PEN, BLACK, 0.5mm, black				
8	60	рс	SIGN PEN, BLUE, 0.5mm, blue		-		
9	36	рс	SIGN PEN, RED, 0.5mm, blue		-		
10	360	pc	BALLPEN, BLACK, 0.5mm, black				
11	40	pc	STAPLE WIRE, Standard (Boss/GT Wells)		-		
12	15	pc	STAPLER, standard type with remover		_		
14	10	pc	CUTTER/UTILITY KNIFE, for general purpose			-	
15	10	pair	SCISSORS, symmetrical/asymmetrical PUNCHER, paper, heavy duty				
16	10	pc	PENCIL SHARPENER				
17	20	box	PAPER CLIP, vinly/plastic coated, 33mm				
18	20	box	CLIP, backfold, 19mm				
19	20	box	CLIP, backfold, 25mm				
20	20	box	CLIP, backfold, 32mm				
21	50	box	CLIP, backfold, 50mm				
22	30	рс	SIGN HERE TRANSPARENT ARROW FLAG STICKY NOTE				
23	10	рс	RULER, flexible, plastic, 100mm				
			***nothing follows***				
			Delivery Palce: DSWD MIMAROPA FO 1680 F.T. Benitez St. cor Malvar St., Malate, Manila				
			Delievry Date: 15 CD upon receipt of approved PO				
			TOTAL APPROVED BUDGET FOR THE CONTRACT:	Note: Places specify			
			Sixty-One Thousand Two Hundred Forty Pesos Only	Note: Please specify brand model/origin .			
			(Php 61,240.00)	brund moderongm.			
PURPO PR No			S AICS Regional Office 2nd Semester 08-0768 Shopping B			VAT Non-VAT	
				(Signature over Printed name Supplier	)	a war are officially	

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.