



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

REQUEST FOR QUOTATION

RFQ No. 2024-08-0799 Shopping B
Date: August 27, 2024

Company Name : _____
 Company Address : _____
 Contact Person : _____
 Contact No. : _____
 Email # : _____
 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: ccrvictorio@dswd.gov.ph not later than **5:00 PM on September 3, 2024 (Tuesday)**. 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,

8/27/24
HARVY B. CALABIO
 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: 15 CD upon receipt of approved PO
- Place of Delivery: SWADT Marinduque, Capitol Compound, Brgy. Bangbanganon, Boac, Marinduque
- 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"

Cathy R. Victorio
CATHERINE CATHY R. VICTORIO
 Procurement Officer
 Telefax: 5336-8106 to 07 loc. 24052
 Contact Number: 09984746898

 Signature Over Printed Name
 (Supplier)



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RFQ No. 2024-08-0799

Date: (should be filled up by supplier)

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

MOP: Shopping B

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
Purchase of Office Supplies for for CIS AICS Marinduque for 2nd Semester						
1	50	ream	PAPER, Multi-Purpose, A4, 70gsm			
2	50	ream	PAPER, Multi-Purpose, Legal, 70gsm			
3	50	pc	PENCIL, Lead with eraser			
4	40	bot	INK BOTTLE, Epson 001, Black			
5	20	bot	INK BOTTLE, Epson 001, Magenta			
6	20	bot	INK BOTTLE, Epson 001, Yellow			
7	20	bot	INK BOTTLE, Epson 001, Cyan			
8	100	pc	Ballpen, gel pen, black			
9	100	pc	Ballpen, gel pen, blue			
10	100	pc	Correction Tape, 6mm			
11	20	pc	Record Book, 300 leaves			
12	80	pad	Sign Here Sticker, 5 in 1			
13	10	pc	Stamp Pad, No. 3			
14	10	pc	Staple Wire Remover, plier type			
15	10	box	Staple Wire, Standard			
16	10	pc	Stapler, standard			
17	100	pc	Expanded Folder, long, green			
18	100	pc	Expanded Folder, long, red			
19	100	pc	Expanded Folder, long, yellow			
20	100	pc	Expanded Folder, long, pink			
21	100	pc	Expanded Folder, long, orange			
22	50	pc	Expanded envelop, pink			
23	50	pc	Expanded envelop, green			
24	50	pc	Expanded envelop, red			
25	50	pc	Expanded envelop, yellow			
26	50	pc	Expanded envelop, orange			
27	100	pc	Expanded Envelop, long, brown			
28	5	pc	Puncher, 2 hole puncher, adjustable paper gauge, with handle lock			
29	5	pc	Tape Dispenser, big, heavy duty			
30	10	bot	Stamp Pad Ink, 50ml, blue			
31	5	bot	Stamp Pad Ink, 50ml, black			
32	10	bot	Glue, all purpose, 240g			
33	5	pc	Whiteboard marker, fine tip, 1.0mm, black			
nothing follows						
Delivery Palce: SWADT Marinduque, Capitol Compound, Brgy. Bangbangalon, Boac, Marinduque						
Delivery Date: 15 CD upon receipt of approved PO						
TOTAL APPROVED BUDGET FOR THE CONTRACT:				Note: Please specify brand model/origin .		
One Hundred Five Thousand Twenty-Five Pesos Only (Php 105,025.00)						

PURPOSE: for CIS AICS Marinduque for 2nd Semester
PR No.: 2024-08-0799 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.