

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

REQUEST FOR QUOTATION

		RFQ No. 2024-08-0794 NP-SVP Date: AUGUST 30, 2024
Company Name	÷	
Company Address		
Contact Person	2	
Contact No.	‡	
Email Address	*	
Company TIN	7	
PhilGEPS Reg. No.	1	
Sir/Madam:		
for the goods listed in descriptive brochures	Annex A. Fallure to Indicate Infor , catalogues, literatures and/or samp anufacturer, distributor, or agent in t	narges, VAT or other applicable taxes, and other incidental expenses mation could be basis for non -compliance. Also, furnish us with eles, if applicable. The Philippines for goods listed in Annex A, please attach in your quotation
PhilGEPS Certificate accordance with the Sworn Statement (if p	e, latest Income/Business Tax Ret e attached format marked as Ann	siness Permit, Mayor's Permit, PCAB License (if applicable), urn and a notarized or unnotarized Omnibus Sworn Statement in ex B. If awarded, please submit immediately the duly notarized Omnibus The Certificate of Platinum Membership maybe submitted in lieu of the imber.
F.T. Benitez corner M bfcumigad@dswd.g address(es) as state	lalvar Sts., Malate, Manila or email 1 10v.ph not later than 5:00 PM on S	nex A to DSWD MIMAROPA Region -BAC Secretariat at 2nd Floor 1680 o: procurement.fomimaropa@dswd.gov.ph and eptember 4, 2024 (Wednesday). Quotations submitted to different email evaluation. Please indicate in the subject of your email the title of the Submission]. Very ruly fours, HARVY B. CALABIO Administrative Officer V Procurement Section Head
Terms and Condition	ons:	Procurent Section Read
Award shall be Price Validity s Services shall I Place of Delive Terms of Payment throu Account Nam	made on per: litem basis hall be valid until: ne Hundred Tw be delivered on: 15 Calendar Day ry: 8WADT Marinduque, Provi en: within 30 days upon final in gh LDDAP-ADA (List of Due and D	s upon receipt of Approve P.O ncial Capitol, Compound, Brgy. Bangbangalon, Boac, Marinduque spection and acceptance emandable Accounts Payable- Advice to Debit Account)
Bank Name:_	and Dank of the Dhilling and access	Branch:
6. Liquidated Dar		unts shall be charged a service fee ure 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 unperform	ned portion for every day of delay	shall be imposed. Once the cumulative amount of liquidated unt of contract, the Procuring Entity may rescind or terminate
the contract v	vithout prejudice to other courses	of action and remedies available under the circumstances.
	ase indicate brand, model and count	
9. Please indicate	repancy between unit cost and total awarranty:	
10. NOTE: "Pro	spective supplier must be registe	red at the Philippine Government Electronic Procurement System 'S website at www. philgeps.gov.ph to register "
BR	AN F CUMIGAD	-

Telefax: 5336-8 06 to 07 loc. 24052 Contact Number: 09203446606

Signature Over Printed Name (Supplier)



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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. 2024-08-0794 (should be filled up by supoplier) Company Name MOP: NP-SVP Company Address Contact Person Contact No. **Email Address** Company TIN PhilGEPS Reg. No. Item Bidder's Specifications (Please fill out the specifications in the space provided)
NOTE: Supplier must state here either PARTICULARS Unit Cost Total Cost Qty. Unit the statement of compliance either "COMPLY or "NOT COMPLY". "Failure to indicate information could be basis No. for non-compliance." Printing of Forms for CIS-AICS Marinduque use for 2nd Semester CY 2024 40 ream General Intake Sheet 40 ream Certificate of Eligibility Client Satisfaction Measurement Form 40 3 ream - Size: A4 (One Side Printing) ***Nothing Follows *** TOTAL APPROVED BUDGET FOR THE CONTRACT: Sixty Thousand Pesos Only (Php 60,000.00) Note: Please specify brand model/origin PURPOSE: Printing of Forms for CIS-AICS Marinduque use for 2nd Semester CY 2024 RFQ No. 2024-08-0794 PR No.: VAT Non-VAT (Signature over Printed name)

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.