

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

REQUEST FOR QUOTATION

		The state of the s	2024-08-0826 NP-SVP
		Date:	AUGUST 30, 2024
Company Name	\$		
Company Address	1		
Contact Person			
Contact No.	<u> </u>		
Email Address	·		
Company TIN	(2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		
PhilGEPS Reg. No.	V		
Sir/Madam:			
for the goods listed in	vernment price/s including delivery charges, V. Annex A. Fallure to indicate information c , catalogues, literatures and/or samples, if app	ould be basis for no	
If you are exclusive m a duly notarized certif	anufacturer, distributor, or agent in the Philippi ication to this effect.	ines for goods listed i	n Annex A, please attach in your quotation
PhilGEPS Certificate accordance with the Sworn Statement (if p	ttach copies of your Company's Business Pe e, latest Income/Business Tax Return and a e attached format marked as Annex B. If av previously submitted is unnotarized. The Certi ermit and PHILGEPS Registration Number.	a notarized or unnot varded , please subm	arized Omnibus Sworn Statement in it immediately the duly notarized Omnibus
F.T. Benitez corner N bfcumigad@dswd.g address(es) as state	nd submit this form together with Annex A to D lalvar Sts., Malate, Manila or email to: procultov.ph not later than 5:00 PM on September d above shall not be considered for evaluation.mat: [RFQ Number], [Deadline of Submission	rement.fomimaropa r 4, 2024 (Wednesda . Please indicate in th	@dswd.gov.ph and y). Quotations submitted to different email e subject of your email the title of the Verytruly yours.
Terms and Condition	we:	Adi	ARVY B. CALABIO ministrative Officer V drement Section Head
Award shall be		total quoted price	lot basis
2. Price Validity s	hall be valid until: One Hundred Twenty (120	0) Calendar days	
 Services shall I Place of Delive 	pe delivered on: 30 Calendar Days upon re ry: SWADT Occidental Mindoro - M.H. D		
Terms of Payn	nent: within 30 days upon final inspection	and acceptance	
Payment throu Account Nam	gh LDDAP-ADA (List of Due and Demandat		le- Advice to Debit Account) nt Number :
Bank Name:_	-	Branch	
	and Bank of the Philippines accounts shal		
Liquidated Dar the amount of	nages/Penalty: In case of failure to ma the liquidated damages shall be at least e		in the time specified above, 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
damages read	ches ten percent (10%) of the amount of co	ontract, the Procurin	g Entity may rescind or terminate
	vithout prejudice to other courses of action ase indicate brand, model and country of origin		and under the discumstances.
In case of disc	repancy between unit cost and total cost, unit		
 Please indicate NOTE: "Pro 	warranty: espective supplier must be registered at the	Philippine Government	nent Electronic Procurement System
	GEPS). You may visit the PhilGEPS websit		
BRY	AN F. CUMIGAD		
Telefax: 5336-810	06 to 07 loc. 24052		Signature Over Printed Name
Contact Number	: 09203446606		(Supplier)

Procurement Form No. 04-A (Annex A)



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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			HILGEPS). You may visit the PHILGEPS	RFQ No. 2024-08-0826				
site at	www.philgep	s.gov.ph t	o register	Date: (should be filled up by suppoler)				
ompany Name		MOP: NP-SVP						
npany	y Address		<u> </u>					
tact	Person		4					
ntact	No.		4					
ail Ad	ldress							
mpan			<u> </u>					
IGEP	S Reg. No.		<u> </u>					
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		
			Mimeograph Printing Service Provider to be used in Printing of SLP Enhanced Monitoring Tools					
			Specification:					
			a) Bond Paper - A4 Size					
			b) Printed in Back to Back					
			Type of Forms:					
1	8000	SET	MD Monitoring Tools/Forms (3 pages)					
2	1000	SET	Organization Assessement Tools/Forms (3 pages)					
3	8000	SET	Annual Assessment Tools (4 pages)					
			*****Nothing follows*****					
		-						
		ļ	TOTAL APPROVED BUDGET FOR THE CONTRACT:	\				
			Seventy Three Thousand Seven Hundred Fifty Pesos Only (Php 73,750.00))				
157								
				Note: Please specify brand model/origin .				
					-12			
URPO		72	graph Printing Service Provider to be used in Printing of SLP Enhanced Monitoring Too.	(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. 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.