



REQUEST FOR QUOTATION

RFQ No. 2024-07-0732 NP-SVP  
 Date: September 4, 2024

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

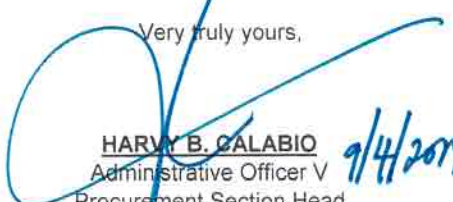
Sir/Madam:

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](mailto:procurement.fomimaropa@dswd.gov.ph) and [maediones@dswd.gov.ph](mailto:maediones@dswd.gov.ph)** not later than **5:00 PM on September 9, 2024 (Wednesday).** 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,  
  
**HARRY B. CALABIO** 9/4/2024  
 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: Twenty (20) 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](http://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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Date: \_\_\_\_\_ (should be filled up by supplier)

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

MOP: NP-SVP

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
1	1	Unit	<b>TO PURCHASE MONOCHROME LASER PRINTER</b> Function: Print, Scan, Copy Monthly Duty Cycle: ≥ 125,000 impression <b>Copying</b> Copy Speed: ≥ 50ppm Copy Resolution: ≥ 1200 x 600 dpi <b>Printing</b> Copy Speed: ≥ 50ppm Copy Resolution: ≥ 1200 x 600 dpi <b>Scanning</b> Optical Resolution: ≥ 1200 x 1200 dpi File Format Supported: PDF, TIFF, JPEG <b>Document and Media Handling</b> Document Feeder Sheet Capacity: ≥ 70 Sheets Paper Tray Sheet Capacity: ≥ 250 Sheets Paper size: A4/Legal <b>PC Connectivity</b> Connection: Wireless 802.11 b/g/n/ (2.4GHZ) 802.11a/n (5GHZ), Gigabit Ethernet, Hi-Speed USB 2.0 Warranty: 1-year Hardware Warranty Delivery Period: 20 Calendar Days *** Nothing Follows***			
<b>TOTAL APPROVED BUDGET FOR THE CONTRACT:                      Forty-Five Thousand Pesos Only (Php 45,000.00)</b>						
				Note: Please specify brand model/origin.		

PURPOSE: Purchase of Printer to be used at Budget Section  
 PR No.: 2024-07-0732 NP-SVP

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.