

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

## REQUEST FOR QUOTATION

		RFQ No. 2024-08-0798 SHOPPING - B
		Date: SEPTEMBER 04, 2024
Company Name	1	
Company Address		<del></del> 0
Contact Person	:	
Contact No.		<del></del> 0
Email Address	71	<del></del>
	2	_
Company TIN		_
PhilGEPS Reg. No.		_
Sir/Madam:		
for the goods listed in		ges, VAT or other applicable taxes, and other incidental expenses tion could be basis for non -compliance. Also, furnish us with , if applicable.
	nanufacturer, distributor, or agent in the irized certification to this effect.	Philippines for goods listed in Annex A, please attach in your
PhilGEPS Certificat accordance with the Sworn Statement (if p	e, latest Income/Business Tax Return e attached format marked as Annex B.	ess Permit, Mayor's Permit, PCAB License (if applicable), and a notarized or unnotarized Omnibus Sworn Statement in If awarded, please submit immediately the duly notarized Omnibus a Certificate of Platinum Membership may
1680 F.T. Benitez co bfcumigad@dswd.g address(es) as state	rner Malvar Sts., Malate, Manila <u>or ema</u> <u>ov.ph</u> not later than <u>5:00 PM on Septe</u>	
		HARVY B. DALABIO Administrative Officer V Procurement Section Head
Terms and Condition	ons:	Procurement Section Head
<ol><li>Services shall</li></ol>	hall be valid until: One Hundred Twent be delivered on: 15 Calendar Days up	on receipt of Approve P.O
<ol> <li>Place of Delive</li> <li>Terms of Paym</li> </ol>	nent, within 30 days upon final inspe	r. RKT Building, Bayabas St., Brgy. Lalud Calapan City, Oriental Mindoro, 5200 ction and acceptance
		andable Accounts Payable- Advice to Debit Account)
Account Nam	o:	Account Number :
Bank Name: **Note: Non L	and Bank of the Philippines accounts	Branch:shall be charged a service fee
<ol><li>Liquidated Dar</li></ol>	nages/Penalty: In case of failure t	to make full delivery within the time specified above,
		ast equal to one-tenth of one percent (0.001) of the cost of
		Il be imposed. Once the cumulative amount of liquidated of contract, the Procuring Entity may rescind or terminate
		ction and remedies available under the circumstances.
	ise indicate brand, model and country of repancy between unit cost and total cost	
9. Please indicate	e warranty:	t, (2001) (1805) 200 (2001) (2001) (2000)
		at the Philippine Government Electronic Procurement System /ebsite at www. philgeps.gov.ph to register "
1	AN F. CUMIGAD	
Telefax: 5336-810	% to 07 loc. 24052	Signature Over Printed Name
Contact Number		(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

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Company Address	1		
Contact Person	*		
Contact No.			
Email Address			
Company TIN	\$		
PhilGEPS Reg. No.	<b>1</b>		

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". "Failure to indicate information could be basis for non-compliance."	Unit Cost	Total Cost
			Office supplies for the use of AICS Oriental Mindoro for 2nd Semester CY 2024			
1	10	box	FOLDER LEGAL (KRAFT FOLDER/VECO WITH WHITE TAB 100 PCS/PACK			
2	10	box	BALLPEN BLACK/GELPEN 0.5mm (12pcs/box)	V		
3	10	box	BALLPEN BLUE/GELPEN 0.5mm (12pcs/box)			1 11 11 11 11
4	30	bottle	EPSON/ L6290 Ink, (black 001)			
5	30	bottle	EPSON/ L6290 Ink, (yellow 001)			
6	30	bottle	EPSON/ L6290 Ink, (magenta 001)			
7	30	bottle	EPSON/ L6290 Ink, (Cyan 001)			
8	15	bottle	EPSON/ L5290 Ink, (Black 003)			
9	10	bottle	EPSON/ L5290 Ink, (Yellow 003)			
10	10	bottle	EPSON/ L5290 Ink, (Magenta 003)			
11	10	bottle	EPSON/ L5290 Ink, (Cyan 003)			
12	10	rolls	CLING WRAP STRETCH FILM (20microns x 500mm x 3kls)			10.10.11
13	10	piece	STORAGE BOX ARLIN WITH COVER (BLUE)			
14	10	piece	STORAGE BOX ARLIN WITH COVER (RED)			
			*** NOTHING FOLLOWS ***			
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		1	TOTAL APPROVED BUDGET FOR THE CONTRACT:	1		
		1	Sixty Four Thousand Nine Hundred Pesos Only (Php 64,900.00)			
_	-	1				
		1				
				Note: Please specify brand		
				model/origin .		

PURPOSE:

Office supplies for the use of AICS Oriental Mindoro for 2nd Semester CY 2024

PR No.:

RFQ No. 2024-08-0798

(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. 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.