

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

REQUEST FOR QUOTATION - 1st Extension

				RFQ No.: Date:	2024-09-0939 (A) SHOPPING B October 10, 2024
Company Name					
Company Address	·				
Contact Person	6				
Contact No.	1				
Email Address					
Company TIN	+				
PhilGEPS Reg. No.	-				
			-		
Sir/Madam:					
	ds listed in Anne	x A. Failure to in	dicate information	n could be	icable taxes, and other incidental e basis for non -compliance. Also, cable.
If you are exclusive n quotation a duly nota			the Philippines fo	or goods lis	ted in Annex A, please attach in your
PhilGEPS Certificate in accordance with	e, latest Income the attached for ement (if previou	/Business Tax Re rmat marked as Al sly submitted is un	turn and a notari nnex B If awarde notarized. The Co	ized or uni d , please : ertificate o	ermit , PCAB License (if applicable), notarized Omnibus Sworn Statemen submit immediately the duly notarized of Platinum Membership maybe er.
Floor 1680 F.T Benit than 5:00 PM on Oc	ez corner Malva tober 17, 2024 (evaluation Plea	r Sts., Malate, Man Thursday). Quota ase indicate in the	ila or email to: pr	different er	A Region -BAC Secretariat at 2nd <u>it.fomimaropa@dswd.gov.ph</u> not lat mail address(es) as stated above sha of the Project using this format: [RFC] Very truly yours.
				н	ARVY B. CALABIO NO 174
					parnistrative Officer V
Terms and Condition	ins:			Pioc	curement Section Head
1. Award shall be n	nade on ner	litem basis	x total quote	ed price	lot besis
	all be valid until: 0 delivered on: DSWD Fiel	One Hundred Twent Twenty-Five (20) cal	ty (120) Calendar lendar days upon i A (1680 F.T. Benite	days receipt of a z cor. Malv	pproved Purchase Order (PO) ar Sts., Malate, Manila)
Payment through Account Name:		st of Due and Dema		Payable- Ad Account Nu	dvice to Debit Account) Imber:
Bank Name:	72 / 13		77576767077 0 7	Branch:	
**Note: Non Lai 6. Liquidated Dama		hilippines accounts In case of failure			ee he time specified above,
the amount of t	he liquidated dar				percent (0.001) of the cost of
the unperforme	d portion for eve	ry day of delay sha	Il be imposed. One	ce the cumu	ulative amount of liquidated
					tity may rescind or terminate
	the state of the s	o other courses of a model and country of	CONTRACTOR OF PERSONS ASSESSMENT OF THE PERSON OF THE PERS	es available	under the circumstances.
		nit cost and total cost	Committee of the Commit	vail.	
9. Please indicate	warranty:				
		ust be registered at t sit the PhilGEPS web			ronic Procurement System register"
//-	TOOPSON				
	rement Officer				Signature Over Bristod Name
	6-8106 to 07 loc. 2	4052			Signature Over Printed Name (Supplier)

Procurement Form No. 04-A (Annex A)



Company Name Company Address Contact Person Contact No. **Email Address**

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

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.: 2024-09-0939 (A) SHOPPING B (should be filled up by supplier) Date: MOP: SHOPPING B

	any TIN EPS Re		<u> </u>			
tem No.	Qty.	Unit	÷	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	5	nack	CARTOLINA, Assorted colors, 20pcs/pack			
2	10		PAPER, Multicopy, 80gsm, size 210mm x 297mm (A4)			
3	10		PAPER, Multicopy, 80gsm, size 8.5 inches x 13 inches (Legal)			
4	20		RING BINDER, A4, 2"/ 3" spine, 2 rings, blue			
5	2		EXTENSION CORD, Universal outlet extension cord, 6 gang, 6 meters			
6	4		INK CARTRIDGE, HP 62 (BLACK)			
7	4		INK CARTRIDGE, HP 62 (COLOR)			
8	12		INK CARTRIDGE, HP 680 (BLACK)			
9	12		INK CARTRIDGE, HP 680 (COLOR)			
10	30		FOLDER FILE, Color: green; Size: 14 pts.			
11	30		FOLDER FILE, Color: red; Size 14 pts.			
12	5		INK REFILLABLE, BROTHER BTD60 (BLACK)			
13	5		INK REFILLABLE, BROTHER BT5000 (CYAN)			
14	5		INK REFILLABLE, BROTHER BT5000 (MAGENTA)		***************************************	
15	5		INK REFILLABLE, BROTHER BT5000 (YELLOW)			
16	3		PENCIL, No. 2, 12pcs per box			
17	5		MARKER, Permanent, Black, Broad (Chisel), 12pcs/box			
18	15		PLASTIC ENVELOPE, Transparent with handle, Size long, Gauge: 10;			
	- 10	Picac	Durable push lock, Color Blue			
19	10	box	BINDER CLIP, Color Black, Size: 51mm (2 inches), 12pcs/box			
20	10	box	BINDER CLIP, Color Black; Size: 19mm (3/4 inches), 12pcs/box			
21	5	box				
22	5	box	GEL PEN, Black, 0.5mm ball tip, retractable, 12pcs/box			
23	5		STICKY NOTES, Film index type (Sign Here Arrow Flag), 44 x 12 mm, any			
			color, 5 in 1 per pack			
24	5	pack	YELOW STICKY NOTE, 200 sheets, 4 x 4, any color			
-			>>>> NOTHING FOLLOWS <<<<			
		-				
			Date of Delivery: Twenty (20) calendar days upon receipt of approved			
			Purchase Order (PO)			
			Area of Delivery: DSWD Field Office MIMAROPA (1680 F.T. Benitez cor.			
			Malvar Sts., Malate, Manila)			
				- 4		
			Contact Person: MR, ANTHONY T, MATE			
			Contact Number: 0926-635-7446			
			TOTAL APPROVED BUDGET FOR THE CONTRACT			
		1	Fifty-One Thousand One Hundred Fifty Pesos Only	>		
		1	(Php 51,150,00)	1		
			V. Description of	Note: Please specify brand model/origin.		
			PAGE 1 OF 1			

	1.1.02		
PURPOSE:	Purchase & Delivery of Office Supplies for the use of RJJWC-MIMAROPA for CY-2024		
PR No.:	2024-09-0939 (A) 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 Unit within three (3) days from the date advance copy was served thru fax. 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.