



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

REQUEST FOR QUOTATION

RFQ No.: 2024-09-0963-NP-SVP  
Date: October 7, 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.

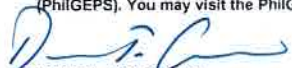
Additionally, please attach copies of your **Company's Business Permit, Mayor's Permit, PCAB License (if applicable), PhilGEPS Certificate, latest Income/Business Tax Return and a notarized or unnotarized Omnibus Sworn Statement in accordance with the attached format marked as Annex B.** If awarded, 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)** not later than **5:00 PM on October 14, 2024 (Monday).** 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,  
  
**HARVY B. GALABIO**  
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 (25) calendar days upon receipt of approved Purchase Order (PO)
- Place of Delivery: DSWD Field Office MIMAROPA (1680 F.T. Benitez cor. Malvar Sts., Malate, Manila)
- Terms of Payment: within 15-30 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"

  
**DAVE T. CORCORO**  
Procurement Officer

Telefax: 5336-8106 to 07 loc. 24052

\_\_\_\_\_  
Signature Over Printed Name  
(Supplier)



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Date: \_\_\_\_\_ (should be filled up by supplier)

MOP: NP-SVP

Company Name : \_\_\_\_\_

Company Address : \_\_\_\_\_

Contact Person : \_\_\_\_\_

Contact No. : \_\_\_\_\_

Email Address : \_\_\_\_\_

Company TIN : \_\_\_\_\_

PhilGEPS Reg. No. : \_\_\_\_\_

Item 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	1	unit	<b>PURCHASE OF PORTABLE ELECTRONIC TYPEWRITER</b>		
			<b>Specifications:</b>		
			> 13 Inches Carriage		
			> Typing width of 9 inches		
			> 11 Characters per second printing speed		
			> 100 Characters Typewheel		
			> 10-12-15 Pitch Selector		
			> 3 Levels Impression Control		
			> 45 Keys Keyboard		
			> Correction Memory One Line (96 Characters)		
			> 16K Text Capacity for CDL MD		
			> 20 Characters Display for CDL MD		
			> Dimension (HxWxD): 117 x 412 x 375 mm		
			> Weight: 5.4 kg		
			> Brand New		
			<b>Warranty:</b>		
			> One (1) Year Warranty for the repair and replacmenet of damaged parts		
			>>>> NOTHING FOLLOWS <<<<<		
			<b>Date of Delivery:</b> Twenty-Five (25) calendar days upon receipt of approved Purchase Order (PO)		
			<b>Area of Delivery:</b> DSWD Field Office MIMAROPA (1680 F.T. Benitez cor. Malvar Sts., Malate, Manila)		
			<b>TOTAL APPROVED BUDGET FOR THE CONTRACT</b> Forty Thousand Pesos Only (Php 40,000.00)		
			PAGE 1 OF 1		
				Note: Please specify brand model/origin.	

PURPOSE: Purchase & Delivery of Portable Electronic Typewriter for the use of Crisis Intervention Section and other PSD Offices

PR No.: 2024-09-0963-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 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.**

## REQUEST FOR QUOTATION (RFQ) RECEIVING FORM

I hereby certify that I \_\_\_\_\_, of \_\_\_\_\_ has received the Request for Quotation (RFQ No. \_\_\_\_\_) from DSWD MIMAROPA Region intended for \_\_\_\_\_.

**Certified by:**

\_\_\_\_\_  
(Signature Over Printed Name of Supplier)

Contact No: \_\_\_\_\_

Email Address: \_\_\_\_\_

**RFQ Delivered by:**

\_\_\_\_\_  
(Signature Over Printed Name of Canvasser)

Position: \_\_\_\_\_

Date /Time of Delivery: \_\_\_\_\_

*Note: This form shall be used and issued in cases when RFQ is personally delivered to prospective supplier/service provider.*