

Contact Number: 09565162748

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

REQUEST FOR QUOTATION

		RFQ No. 2024-09-0938 SHOPPING B November 8 2024
Company Name	£	
Company Address	*	 :
Contact Person	-	 -
Contact No.		_
Email Address	2 · · · · · · · · · · · · · · · · · · ·	_
		_
Company TIN	\$ x	_
PhilGEPS Reg. No.	<u>*</u>	_
Sir/Madam:		
expenses for the good		ges, VAT or other applicable taxes , and other incidental te information could be basis for non -compliance. Also, and/or samples, if applicable.
	anufacturer, distributor, or agent in the lirized certification to this effect.	Philippines for goods listed in Annex A, please attach in your
PhilGEPS Certificate accordance with the Omnibus Sworn State	e, latest Income/Business Tax Return 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 rized. The Certificate of Platinum Membership maybe EPS Registration Number.
1680 F.T. Benitez cor maediones@dswd.g address(es) as stated	ner Malvar Sts., Malate, Manila <u>or ema</u> ov.ph not later than 5:00 PM on Nove	A to DSWD MIMAROPA Region -BAC Secretariat at 2nd Floor il to: procurement.fomimaropa@dswd.gov.ph and mber 15, 2024 (Friday). Quotations submitted to different email uation. Please indicate in the subject of your email the title of the mission].
		Very truly yours
		Administrative Officer V 8 6 NOV 202
Terms and Conditio	ns:	Procurement Section Head
1. Award shall be	made on per:	X total quoted price lot basis
	hall be valid until: One Hundred Twent	
		r days upon receipt of approved Purchase Order (P.O)
	ent: within 30 days upon final inspe	enitez cor. Malvar St., Malate, Manila)
		andable Accounts Payable- Advice to Debit Account)
	:	the first control of the first
Bank Name:	10 1 14 00 11	Branch:
6. Liquidated Dan	and Bank of the Philippines accounts hages/Penalty: In case of failure	to make full delivery within the time specified above,
the amount of	the liquidated damages shall be at le	ast equal to one-tenth of one percent (0.001) of the cost of
the unperform	ed portion for every day of delay sha	Il be imposed. Once the cumulative amount of liquidated
		of contract, the Procuring Entity may rescind or terminate
	rithout prejudice to other courses of a se indicate brand, model and country of	action and remedies available under the circumstances.
	se indicate brand, model and country of epancy between unit cost and total cost	
Please indicate		n anna arabh ann an allann
10. NOTE: "Pro	spective supplier must be registered	at the Philippine Government Electronic Procurement System vebsite at www. philgeps.gov.ph to register "
A	Att House	
MARKA	THONYE, DIONES	
	16 to 07 loc. 24052	Signature Over Printed Name

(Supplier)

Non-VAT



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Note: Prospective supplier must be registered at the Philippine Government Electronic Procurement System (PHILGEPS). You may visit the PHILGEPS RFO No. 2024-09-0938 SHOPPING B website at www.philgeps.gov.ph to register Date: (should be filled up by supposer) Company Name SHOPPING B MOP: Company Address Contact Person Contact No. **Emall Address** Company TIN PhilGEPS Reg. No. Item 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 **Unit Cost Total Cost** Qty. Unit **PARTICULARS** No "NOT COMPLY", "Failure to indicate information could be basis for noncompliance." Ink Cartridge, 4S6X8PA, HP 938 Officejet PRO 9120b A10, Black Cart 5 Ink Cartridge, 4S6X8PA, HP 938 Officejet PRO 9120b A10, Cyan 3 Cart 2 Ink Cartridge, 4S6X8PA, HP 938 Officejet PRO 9120b A10, Magenta 3 3 Cart Ink Cartridge, 4S6X8PA, HP 938 Officejet PRO 9120b A10, Yellow 4 3 Ink Cartridge, Epson L-3210 Series, 003, Black 5 5 Cart Ink Cartridge, Epson L-3210 Series, 003, Cyan 6 3 Cart Ink Cartridge, Epson L-3210 Series, 003, Magenta 3 Cart Ink Cartridge, Epson L-3210 Series, 003, Yellow 8 3 Cart Ink Cartridge, HP 680, tri color 9 10 Cart Ink Cartridge, HP 680, tri black 10 10 Cart 11 30 ream Paper Bond, A4, 80 gsm Tape Dispenser, 1 inch width 12 2 pcs Tape, transparent , 1 inch width 13 30 roll 14 20 Expandable envelopes brown, Folio pcs 15 pcs Scissors 9" Desktop Calculator, 12 Digits, Solar powered 16 10 pcs Binder Clip, medium 17 8 pcs 18 100 pcs Red Folder, Legal 19 20 pcs Correction Tape 8 meters Sign pen, hightechpoint Blue 0.5 20 120 pcs Stapler, Heavy Duty Standard Type 21 10 pcs Arrow Flag/Note Flag, sign here, adhesive, assorted 22 5 set Stamp, Arial, 12 font size, (Initial affixed) Self Inking 23 pcs Stamp, Arial, 12 font size, (Signed) Self Inking

*** Nothing Follows*** 24 pcs TOTAL APPROVED BUDGET FOR THE CONTRACT: Eighty Thousand One Hundred Twenty Pesos Only (Php 80,125:00) Note: Please specify brand model/origin . PURPOSE Supplies for the use of Protective Services Division PR No .: 2024-09-0938 SHOPPING B 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.

(Signature over Printed name) Supplier