



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

REQUEST FOR QUOTATION

| | | | | RFQ No. 2024-11-1062 Date: November 21, 2024 | | |
|--|---------------------------------|---|---|--|--|--|
| Company Name | × | | | | | |
| Company Address | - | | | | | |
| Contact Person | - | | | | | |
| Contact Person Contact No. | - | | | | | |
| Contact No. Email Address | | | | | | |
| | * | | | | | |
| Company TIN | <u>F</u> | | VA | T NON-VAT | | |
| PhilGEPS Reg. No. (Required) | | | | | | |
| Sir/Madam: | | | | | | |
| accordance with Section 52.1.b | -Shopping B or the goods lis | . Please quote your sted in Annex A . Fa | government price/s inclu ailure to indicate inform or samples, if applicable. | ke an Alternative Method of Procurement in uding delivery charges, VAT or other applicable taxes, nation could be basis for non -compliance. Also, | | |
| Name of Project | | £ | Purchase of Inks for Social Pension Staff (Not Aus Me APS- | | | |
| Approved Budget for the Con | tract (ABC) | : | One Hundred Sixty- | -Two Thousand Pesos Only (\$162,000.00) | | |
| 2024 (Thursday). Quotations sindicate in the subject of your en | | | | e shall not be considered for evaluation. Please or], [Deadline of Submission]. | | |
| Interested supplier/service pr | ovider is requ | ired to submit the | following documents: | | | |
| 1. Platinum PHILGEPS Registra | ation only with | valid and current ar | nnexes; | | | |
| For RED membership:a. Current Mayor's/ Business | s Permit | | | | | |
| b. PHILGEPS Registration N | | | | | | |
| c. Latest Income and Busine d. SEC Registration/DTI Cer | ss Tax Return | (For ABC above 50 | 00K) | | | |
| 3. BIR Form 2303 (Certificate o | f Registration) | | | | | |
| | e contract at a | any time prior to con | tract award in accordance | the right to reject any and all quotations, declare a failuse with Sections 35.6 and 41 of the 2016 revised IRR o | | |
| | | | | HARVY B. CALABIO /0/21/24 Administrative Officer V | | |
| | | | ¥ | Procurement Section Head | | |
| Received by: | (Signature | over Printed Name | | , | | |
| Date: | Signature | over Frinted Name | <i>y</i> | | | |



Procurement Officer-in-Charge:

Contact Number

09565162748

DSWD FIELD OFFICE MIMAROPA

ANNEX A TERMS AND CONDITIONS: 1. Award shall be made on per: Item Basis Total Quoted Price Lot Basis 2. Price Validity shall be valid until: One Hundred Twenty (120) Calendar days 3. Services shall be delivered on: 4. Place of Delivery: 5. Payment shall be processed after delivery and upon submission of the required supporting documents in accordance with the existing government accounting rules and regulations. Please take note that the corresponding bank transfer fee (if non Land Bank of the Philippines account) shall be charged to the supplier's/contractor's account. 6. Payment through LDDAP-ADA (List of Due and Demandable Accounts Payable- Advice to Debit Account) Account Name: Account Number : ___ (should be the exact account name as registered in the bank) Bank Name: Branch: 7. 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 onetenth 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. 8. For goods please indicate brand, model, country of origin and warranty 9.In case of discrepancy between unit cost and total cost, unit cost shall prevail. In case of total figures and words, the latter shall prevail. 10. Bidders shall provide correct and accurate information required in the form. Any interlineations, erasures, or overwriting shall be valid only if they are signed or initialed by you or any of your duly authorized representative/s. 11. The item/s shall be delivered according to the requirements specified in the Technical Specifications/ Scope of Work/Terms of References. The DSWD shall have the right to inspect and /or to test the goods/services to confirm their conformity to the Technical Specifications/Scope of Work/Terms of Reference. 12. The Procuring Entity may cancel or terminate the contract at any time in accordance with the grounds provided under RA No. 9184 and its 2016 revised IRR. After having carefully read and accepted the Instructions and Terms and Conditions , I/We submit our quotation for the item/s stated in Annex B. Conforme: Signature Over Printed Name : Position/Designation: Name of Company : ___ Contact Number : ___ Email Address : IMPORTANT NOTICE: Any solicitations in any form and for any purpose using the name or acting for and on behalf of DSWD Field Office MIMAROPA is unauthorized, unlawful, and should be disregarded. We strongly urge everyone to exercise caution and not engage with anyone claiming to represent DSWD Field Office MIMAROPA in such a manner. To avoid misrepresentation, please only contact our authorized personnel via emall or phone. You may reach us through: Bids and Awards Committee Secretariat DSWD Field Office MIMAROPA 1680 F.T. Benitez corner Malvar Streets, Malate, Manila Trunk Line Number: (02) 5328-5111 to 5115 local 24052 Email Address: procurement.fomimaropa@dswd Website: http://www.fo4b.dswd.gov.ph



DSWD FIELD OFFICE MIMAROPA PRICE QUOTATION FORM

| TE:_ | | | | | RFQ NO: 2 | 024-11-1062 |
|-------|----------|---------|---|--|-----------|--------------|
| MPAN | Y NAME : | - | | | | |
| m 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". "Fallure to indicate information could be basis for non-compliance." Please indicate the BRAND being offered if applicable | Unit Cost | Total Cost |
| 1 | 18 | Set | HP 938 Series Set Ink (Cyan, Magenta, Yellow And Black) | | | |
| 2 | 15 | Cart | HP 680 Ink Black | | | |
| 3 | 15 | Cart | HP 680 Ink Tri-Color | | 7.000 | |
| | | | ***Nothing Follows*** | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | m m | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | . |
| | | | | | | |
| | | | | | | |
| | | | | | | 1 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | TOTAL APPROVED BUDGET FOR THE CONTRACT: One Hundred Sixty-Two Thousand Pesos Only (Php162,000.00) | | | |
| | | | | | | |
| DTAL | AMOUNT | OF QUOT | TATION IN FIGURES: | | | |

| Submitted by: _ | |
|-----------------|-----------------------------|
| | Signature Over Printed Name |
| | |
| | |
| | |
| - | Position/Designation |