

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Field Office MiMaRoPa Region
1680 F.T. Benitez corner Malvar Sts., Malate, Manila

REQUEST FOR QUOTATION

			Date:	2025-01-0016 SHOPPING B January 6, 2025	
Company Name					
Company Address	(C.				
Contact Person	i i	7		()	
Contact No.	5				
Email Address	10				
Company TIN	6		VAT	NON-VAT	
PhilGEPS Reg. No. (Required)	F				
Sir/Madam:	×======				
applicable taxes, and other incid non -compliance. Also, furnish	lental exper	criptive brochures, catalogues, lite	A Failure to ind eratures and/or sar	icate information could be basis for	
Name of Project		for the 1st Quarter of CY-202		use of SEF Staff in Normalon	
Approved Budget for the Contra	ct (ABC)	: Sixty-Five Thousand Nine Hu	indred Sixty Peso	s Only (Php 65,960.00)	
automatically be disqualified.	and conditio	ns stated herein. All bids higher th	an the Approved I	Budget for the Contract (ABC) sha	
specifications and other terms a automatically be disqualified. Please accomplish and submit to 1680 F.T. Benitez corner Malva of 13 January, 2025 (Monday).	this form too r Sts., Mala . Quotation	ns stated herein. All bids higher the gether with Annex A and B to DSV te, Manila or email to: procurem	an the Approved I VD MIMAROPA Re ent.fomimaropa@ ddress(es) as stat	Budget for the Contract (ABC) sha egion -BAC Secretariat at 2nd Floor Edswd.gov.ph not later than 8:00 All ed above shall not be considered for	
specifications and other terms a automatically be disqualified. Please accomplish and submit to 1680 F.T. Benitez corner Malva of 13 January, 2025 (Monday) evaluation. Please indicate in the Submission].	this form too r Sts., Mala Quotation: e subject o ovider is re ation only w s Permit lumber ss Tax Reti tificate	ns stated herein. All bids higher the pether with Annex A and B to DSV te, Manila or email to: procurem is submitted to the different email as your email the title of the Project equired to submit the following with valid and current annexes;	an the Approved I VD MIMAROPA Reent.fomimaropa@ address(es) as stat using this format: [Budget for the Contract (ABC) sha egion -BAC Secretariat at 2nd Floor Edswd.gov.ph not later than 8:00 All ed above shall not be considered for	
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DSWD FIELD OFFICE MIMAROPA

ANNEX A

TERMS AND CONDITIONS:				
1. Award shall be made on per:	Item Basis			
2. Price Validity shall be valid until: On	ne Hundred Twenty (120) Calendar days			
Services shall be delivered on:	Thirty (30) calendar days upon receipt of approved			
	Purchase Order (PO)			
4. Place of Delivery:	SWADT Romblon Office (Servañez Bldg., Brgy. Liwayway, Odiongan, Romblon			
existing government accounting rules a	elivery and upon submission of the required supporting documents in accordance with the and regulations. Please take note that the corresponding bank transfer fee (if non Land Bank arged to the supplier's/contractor's account.			
6 Payment through LDDAP-ADA (List	t of Due and Demandable Accounts Payable- Advice to Debit Account)			
Account Name:(should be the e	Account Number:			
(should be the e	exact account name as registered in the bank)			
Bank Name:	Branch:			
equal to one-tenth of one percent (0.00 cumulative amount of liquidated damage	ry within the time specified above, the amount of the liquidated damages shall be at least 01) of the cost of the unperformed portion for every day of delay shall be imposed. Once the ges reaches ten percent (10%) of the amount of contract, the Procuring Entity may rescind or se to other courses of action and remedies available under the circumstances.			
8.For goods please indicate brand, mo	odel country of origin and warranty			
	cost and total cost, unit cost shall prevail. In case of total figures and words, the latter shall			
10.Bidders shall provide correct and a	occurate information required in the form. Any interlineations, erasures, or overwriting shall be 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 acceitem/s stated in Annex B.	epted the Instructions and Terms and Conditions , I/We submit our quotation for the			
Conforme:				
Signature Over Printed Name :				
Position/Designation :				
Name of Company :				
Contact Number:				
550 +5000 1000				
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 email or phone. You may reach us through:				
Bids and Awards Committee Secret DSWD Field Office MIMAROPA				
1680 F.T. Benitez corner Malvar Street Trunk Line Number: (02) 5328-5111 to				
Email Address: procurement forminare				
Website: http://www.fo4b.dswd.gov.ph	7-1:6			
Procurement Officer-in-Charge : Contact Number :	DAVE T. CORCORO 0968-210-4265			



DSWD FIELD OFFICE MIMAROPA PRICE QUOTATION FORM

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RFQ NO:	
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tem No.	Qty.	Unit	PARTICULARS	Bilder'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." Please indicate the BRAND being offered if applicable.	Unit Cost	Total Cost
1	120	ream	BOND PAPER, Premium Grade, A4 (8.27 x 11 69)	Site Later application		
2	10	Action to American and	BALLPEN, Black, 0.5, 12pcs./box			
3	3		GEL PEN, Black, 0.5, 12pcs./box			
4	100		STICKY NOTE PAD, 3 x 3"			
5	22		STAPLE WIRE REMOVER, Heavy duty, plier type			
6	7		CORRECTION TAPE, 6 meters (min.), 12pcs/box			
7	1		ENVELOPE, Expanding with garter, brown, long			
8	10		PAPER FASTENER, Plastic, 50sets/box			
9	15		GLUE, 130g			
10	50		PAPER CLIP, Gem type, 48mm, 100pcs./box			
11	2		CALCULATOR, Compact, Two-way power source, LCD			
12	4		MARKER, Permanent, Bullet type, Black, 12pcs./box			
13	2		MARKER, Permanent, Bullet type, Blue, 12pcs./box			
14	30		EPSON 003 BK Ink			
15	7		EPSON 003 Y Ink	·		
16	7		EPSON 003 M Ink			
17	7		EPSON 003 C Ink			
17		Dottie	>>>> NOTHING FOLLOWS <			
		-	>>>> NOTHING FOLLOWS			
			Date of Delivery: Thirty (30) calendar days upon receipt of			
			approved Purchase Order (PO)			
			Area of Delivery: SWADT Romblon Office (Servañez Bldg., Brgy.			
			Liwayway, Odiongan, Romblon)			
			Contact Person: MR. GARE A. GAA			
			Contact Number: 0915-753-8903			
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TOT	AL AM	OUNT	OF QUOTATION IN FIGURES:			
-		10.00	OF QUOTATION IN WORDS :			

Signature Over Printed Name
Position/Designation





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:	Ži
RFQ Delivered by:	
(Signature Over Printed Name of Canvass	ser)
Position:	_
Date /Time of Delivery:	
Note: This form shall be used and issued in cases w provider.	then RFQ is personally delivered to prospective supplier/servic