

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Batasan Pambansa Complex, Constitution Hills,
Quezon City

REQUEST FOR QUOTATION

140719

RFQ No.

MCC

Date: September 23, 2014

Company Name : _____
Company Address : _____
Contact Person : _____
Contact 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 the exclusive manufacturer, distributor or agent in the Philippines for the goods listed in Annex A please attach in your quotation a duly notarized certification to this effect.

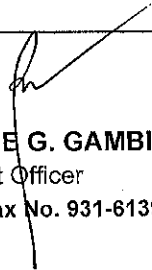
Please accomplish and submit this form together with Annex A to DSWD - PPMD at Ground floor, DSWD-CO Building, Batasan Complex, Constitution Hills, Quezon City or fax it through number **951-7116** not later than **3:00pm of October 1, 2014**.

Very truly yours,


ESTER R. EGAMINO
OIC-Chief, PPMD

Terms and Conditions:

- Award shall be made on per: Item Basis Total Quoted Price. Lot Basis
- Quotation validity shall not be less than **Thirty (30) Calendar** days.
- Good/s shall be delivered on **Please refer to Annex A**
- Place of Delivery: **DSWD-Central Office Stockroom, 1st floor, DSWD Bldg., IBP Complex, QC**
- Terms of Payment: **within 15-30 days upon final inspection and acceptance.**
- Liquidated Damages/Penalty: **One Tenth (1/10) of one percent for everyday of delay shall be imposed.**
- Indicate brand, model and country of origin.
- In case of discrepancy between unit cost and total cost, unit cost shall prevail
- Warranty: _____


RENEL JOANNE G. GAMBITO
Procurement Officer
Tel No. 951-7116/Fax No. 931-6139

(Signature over Printed Name)
Supplier

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Annex A

RFQ No.

140719

MCC

Date:

September 23, 2014

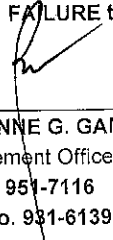
Company Name : _____
 Company Address : _____
 Contact Person : _____
 Contact No. : _____

Lot No.	Qty.	Unit	Purchaser's Specifications	Bidder's Specifications (Please indicate the detailed specifications of the product being offered in the space provided below)	Unit Cost	Total Cost
1	90	pieces	Notebook, Stenographer's, 40 leaves, ruled both sides			
	100	pads	Note Pad, (3" x 3") 100 sheets/pad			
	100	pads	Note Pad, (2" x 2") 400 sheets/pad			
	450	reams	Paper, Multicopy, A4, 80gsm			
	10	reams	Parchment Paper, A4 size, 80 gsm, 100 sheets/pack			
	30	packs	Cartolina, Assorted Color, 20s/pack			
	50	reams	Paper, Copy, A4			
			<i>Note: Goods shall be delivered within Seven (7) working days upon receipt of P.O</i>			
2	5	reams	Paper, Bond, with DSWD Letterhead/Logo, A4			
			<i>Note: Goods shall be delivered within Thirty (30) working days upon receipt of P.O</i>			
			*****Nothing Follows*****			
			Source of Fund: MCC			
				NOTE : Please specify brand /model /origin		

PURPOSE: Supplies of KALAHI CIDSS-NCDDP for the month of July to September 2014

RIS No. 14072238, 14072239

IMPORTANT: The winning bidder **MUST** pick-up duplicate copy and **SIGN** the original copy of Purchase Order (P.O.) at DSWD-Central Office, Procurement Service within three (3) days from the date advance copy was served to thru fax. **FAILURE** to show up and sign the original P.O. means that the bidder is not interested and will be a ground for suspension/blacklisting in DSWD's future biddings.



RENEL JOANNE G. GAMBITO
 Procurement Officer
 Tel no. 951-7116
 Fax No. 931-6139

 (Signature over printed name)
 Supplier