

Abby

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
IBP Road, Constitution Hills, Quezon City

REQUEST FOR QUOTATION

RFQ No. **21-0129 SHOPPING (b)**

Date: **March 2, 2021**

Company Name : _____
Company Address : _____
Contact Person : _____
Contact No. : _____
PhilGEPS Reg. No.: _____
Company TIN: _____

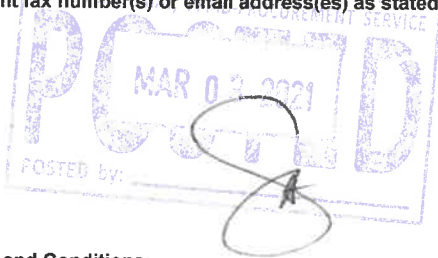
Sir/Madam:

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.

As a condition for payment, you will be required to submit your Mayor's/Business Permit. The Certificate of Platinum Membership may be submitted in lieu of the Mayor's/Business Permit and PhilGEPS Registration Number.

Please accomplish and submit this form together with Annex A and all the required documents to DSWD -BAC Secretariat at 2nd Floor Mahusay Building, DSWD Central Office, IBP Road, Constitution Hills, Quezon City or fax it through numbers 8951-7116 or email to quotations@dswd.gov.ph not later than **1:00 PM of March 10, 2021 (Monday)**. Quotations submitted to different fax number(s) or email address(es) as stated above shall not be considered for evaluation.



Very truly yours,

WILLIAM V. GARCIA, JR.

Officer-In-Charge, Procurement Planning & Management Division

Terms and Conditions:

- Award shall be made on per: Item Basis Total Quoted Price Lot Basis
- Quotation validity shall be **Sixty (60) calendar days from the deadline of submission of quotations.**
- Good/s shall be delivered within **Refer to Annex A for the detailed delivery terms.**
- Place of Delivery: **Refer to Annex A for the detailed delivery place.**
- Terms of Payment: **within 15-30 days upon completion of supporting documents.**
Payment through LDDAP-ADA (List of Due and Demandable Accounts Payable-Advise 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. Once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the 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: _____
- In case of a tie, the contract shall be awarded to the supplier or service provider who first submitted its quotation.
- 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 and register for free."

RODEL D. TORRATO

Procurement Officer

(Signature over Printed Name)
Supplier

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Annex A

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 to register."

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Item No.	Qty.	Unit	Purchaser's Specifications	Unit Cost	Bidder's Specifications (Please fill out the detailed specifications in the space provided)	Unit Cost	Total Cost
1	250	BOX	CONTINUOUS FORM 3ply, 280 x 241 mm, carbonless	1,200.00			
2	100	BOX	CONTINUOUS FORM 3 ply, 280 x 378 mm, carbonless	1,800.00			
			Approved Budget for the Contract (ABC): PhP 480,000.00				
			xxxxx-Nothing Follows-xxxxx				
			Delivery Terms: Ten (10) working days from receipt of Purchase Order				
			Delivery Place: DSWD-Central Office, PSAMD Warehouse, IBP Road, Constitution Hills Q.C.				

PURPOSE: **For First Quarter Office Supplies**

PR No. **01-20001-PR-2021-02-00110**

IMPORTANT : The winning bidder MUST SIGN the original copy of Purchase Order (P.O.) at DSWD-Central Office, Procurement Management Service. FAILURE to show up and sign the original P.O. means that the bidder is not interested and will be a ground for suspension or blacklisting in DSWD's future biddings.

RODEL D. TORRAYO

Procurement Officer

Page 1 of 1 page

(Signature over printed name)

Trunkline: 89318101 to 07 Voip 10093 and 10097

Fax No. 8951-7116

Supplier