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

REQUEST FOR QUOTATION

RFQ No. **21-0302 SHOPPING (b)**

Date: **April 22, 2021**

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

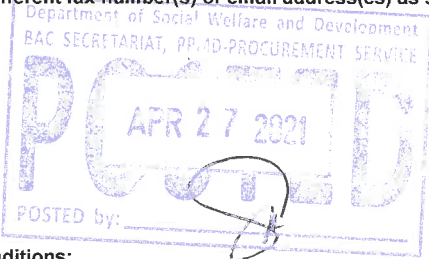
Sir/Madam:

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 award, 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 APRIL 30, 2021 (FRIDAY)**. 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.
WILLIAM V. GARCIA, JR.

Officer-In-Charge, Procurement Planning & Management Division

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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 **10 working days from receipt of Purchase Order (PO).**
- Place of Delivery: **DSWD-Central Office, PSAMD Warehouse, IBP Road, Constitution Hills Q.C.**
- 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 : _____
BankName : _____ 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. Torrado
RODEL D. TORRATO

Procurement Officer

Tel. Nos. 8931-6139/ 8931-8101 to 07 Voip 10093 and 10097
0917-6289065

(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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Lot	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	5,000	piece	SURGICAL MASK (3-ply; ear loop, surgical, wired, disposable), FDA Approved Approved Budget for the Contract (ABC): PHP 70,200.00	14.04									
								5	bottle	STAMP PAD INK, purple or violet, 50ml (min.)	31.52		
								2	roll	ACETATE, thickness: 0.075mm min (gauge #3), Width min: 1.20 meters, Length min: 50meters/roll	847.82		
								20	ream	PAPER, MULTICOPY, 80gsm, size: 216mm x 330mm	200.00		
								50	box	STAPLE WIRE, STANDARD, (26/6; 5000 wires/box)	30.00		
2	20	roll	TAPE, TRANSPARENT, width: 24mm (±1mm)	13.00									
								20	piece	RULER, plastic, 450mm (18"), width: 38mm min	17.68		
								40	piece	DATA FILE BOX, made of chipboard, with closed ends; (10 black, 10 green, 10 blue, 10 red)	100.00		
								50	pack	FOLDER, L-TYPE, PLASTIC, for legal size documents, 50pcs/pack	243.24		
								5	piece	CUTTER BLADE, for heavy duty cutter	14.82		
			Approved Budget for the Contract (ABC): PHP 24,202.94										
			xxxxx-Nothing Follows-xxxxx										

PURPOSE : 1st Quarter Supplies/Equipments of SWIDB
 PR No. 01-20001-PR-2021-02-00165

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. TORRATO
 Procurement Officer
 Trunkline: 89318101 to 07 Voip 10093 and 10097
 Fax No. 8951-7116

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(Signature over printed name)
 Supplier