DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

IBP Road, Constitution Hills, Quezon City

REQUEST FOR QUOTATION

	RFQ No.	18-0726 Shopping (B)
	Date:	June 18, 2018
Company Name :		
Company Address :		
Contact Person :		
Contact No. :		
Philgeps Reg. No.:		
Company TIN:		
Sir/Madam:		
Please quote your government price/s including delivery charge	nes VAT or oth	per applicable taxes, and other incidental
expenses for the goods listed in Annex A . Failure to indicate furnish us with descriptive brochures, catalogues, literatures and	information co	ould be basis for non - compliance. Also,
If you are the exclusive manufacturer, distributor or agent in the in your quotation a duly notarized certification to this effect.	Philippines for t	the goods listed in Annex A please attach
As a condition for award, you will be required to submit y receipt of notice. The Certificate of Platinum Membership and PhilGEPS Registration Number.		
Please accomplish and <u>submit this form together with Anne</u> Secretariat at Ground floor, DSWD-CO Building, IBP Road, Cor <u>951-7116</u> or <u>email to <u>quotations@dswd.gov.ph</u> not later t <u>submitted to different fax number(s) or email address(</u></u>	nstitution Hills, 0 :han <u>03:00</u> <u>PM</u>	Quezon City or <u>fax</u> <u>it through numbers</u> <u>of June 22, 2018 (Friday)</u> . Quotations
evaluation.		
POSTED		Very truly yours,
	IZ A I	(ORIGINAL SIGNED)
18 June 2018		RINA ANTONETTE A. AGUDO ement Planning & Management Division
	Olo-i locale	sherich lanning & Management Division
Terms and Conditions:		
	uoted Price	X Lot Basis
2. Quotation validity shall not be less than Sixty (60) calend		Lot Basis
3. Good/s shall be delivered within Seven (7) working days		Purchase Order
4. Place of Delivery: DSWD-PS Warehouse, DSWD Central C		
5. Terms of Payment: within 15-30 days upon final inspection		
Payment through LDDAP-ADA (List of Due and Demandable	Accounts Paya	ble-Advise to Debit Account).
Account Name :	Account Nu	ımber :
BankName :	Branch:	
*Note: Non Land Bank of the Philippines accounts shall be	_	
		in the time specified above, the
amount of the liquidated damages shall be at least equal to		
unperformed portion for every day of delay. Once the cumu		
percent (10%) of the amount of the contract, the Procuring prejudice to other courses of action and remedies available		
7. For goods, please indicate brand, model and country of origin.	e under the circ	unistances.
No goods, please indicate braild, moder and country of origin. In case of discrepancy between unit cost and total cost, unit cost.	et shall nrevail	
9. Please indicate Warranty:	ot onall provall.	
10. In case of a tie, the contract shall be awarded to the supplier or ser	rvice provider who	first submitted its quotation.
11. NOTE: "Prospective supplier must be registered at the Philippin		
You may visit the PhilGEPS website at www.philgeps.gov.ph ar		• • • • • • • • • • • • • • • • • • • •
(ORIGINAL SIGNED)		
RENEL JOANNE G. GAMBITO	(Signa	ture over Printed Name)
Procurement Officer	, 5	Supplier
Tel. Nos. 931-6139/ 931-8101 to 07 local 122/124		

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Contact No.:			
Philaeps Reg. No:			

	IN No. : Bidder's Specifications						
Lot No.	Qty.	Unit	Purchaser's Specifications	(Please indicate the detailed specifications of the product/services being offered in the space provided below)	Unit Cost	Total Cost	
1	6	piece	Calculator, with HMS (Hour, Minute, Second)				
	1	gal	Glue, Padding, 1 Galloon				
	1	bottle	Oil, for General Purpose, 120ml				
	16	kilo	Rags, All Cotton, 32 pcs per kilo				
			Approved Budget for the Contract: PhP8,385.00				
	10	piece	Index Card Box, Imported Imitlin Cover, 4-3/8" x 5-5/8" x 4" size				
2	4	piece	Index Card, Ruled Both Sides, 5" x 8", 500pcs/pack				
	30	piece	Magazine File Box, Large size, Made of Chipboard				
			Approved Budget for the Contract: PhP12,200.00				
3	2	box	Continuos Form, 2 ply, 280mm x 241mm, Carbonless				
	2	box	Continuos Form, 2 ply, 280mm x 378mm, Carbonless				
	60	box	Continuos Form, 3 ply, 280mm x 241mm, Carbonless				
			Approved Budget for the Contract: PhP88,340.00				
			xxxxxxxxxx-Nothing Follows-xxxxxxxxxx				

PURPOSE: 1st Quarter Supplies of PAD

PR No. 2018051288

IMPORTANT: The winning bidder MUST pick-up duplicate copy and SIGN the original copy of Purchase Order (P.O.) at DSWD-Central Office, Procurement and Supply Division 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.

(ORIGINAL SIGNED)

(Signature over printed name)
Supplier