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

REQUEST FOR QUOTATION

		RFQ No.	21-0428 SHOPPING (b)
		Date:	May 20, 2021
Company Name : Company Address :			
Contact Person :			
Contact No. :			
PhilGEPS Reg. No.:			
Company TIN:			
Sir/Madam:			
the goods listed in A	vernment price/s including delivery cha nnex A. Failure to indicate information s, literatures and/or samples, if applicab	could be basis f	er applicable taxes, and other incidental expenses for for non - compliance. Also, furnish us with descriptive
,	ve manufacturer, distributor or agent in rized certification to this effect.	the Philippines	for the goods listed in Annex A please attach in your
	award, you will be required to sub submitted in lieu of the Mayor's/Bus		r's/Business Permit. The Certificate of Platinum d PhilGEPS Registration Number.
Planca accomplish a	nd submit this form together with Anna	v A and all the re	equired documents to DSWD -BAC Secretariat at 2nd
Floor Mahusay Build	ing DSWD Central Office, IBP Road.	Constitution Hills	s, Quezon City or fax it through numbers 8951-
	uotations@dswd.gov.ph not late		
submitted to differe	nt fax number(s) or email address(es) as stated abov	e shall not be considered for evaluation.
	Department of Social Wellare and Live a	nama.	
	BAC SECRETARIAT, PPMD-PROCUREMENT S	ERVICE	
	Ca Ca Carrier		Very truly yours,
			Im
			WILLIAM V. GARCIA, JR.
		Officer-In-C	harge, Procurement Planning & Management Division
			· · · · · · · · · · · · · · · · · · ·
	TOSTER BY		
Terms and Conditio	ns:		
Torrito and Conditio			
		al Quoted Price	Lot Basis
Quotation validi	ty shall be Sixty (60) calendar days 1	from the deadlin	e of submission of quotations.
3. Good/s shall be	delivered within Ten (10) working day: DSWD-Central Office, PSAMD Wa	ys from receipt	of Purchase Order (PO).
	ent: within 15-30 days upon completion		
	th LDDAP-ADA (List of Due and Dema		
Account Name	: <u></u>	Account	Number:
BankName :		Branch :	
	nd Bank of the Philippines accounts	_	
			within the time specified above, the amount of the ent (0.001) of the cost of the unperformed portion
for every day o	of delay. Once the cumulative amount	t of liquidated da	amages reaches ten percent (10%) of the amount
of the contract	, the Procuring Entity may rescind or	terminate the c	ontract, without prejudice to other courses of
	nedies available under the circumstar		
	se indicate brand, model and country o		
	epancy between unit cost and total cost	i, unit cost shall p	revail.
9. Please indicate		innlier or service	provider who first submitted its quotation.
			rnment Electronic Procurement System (PhilGEPS).
	ne PhilGEPS website at www.philgeps.g		
J	Staring		
	EY L. DE GUZMAN	(Sian	ature over Printed Name)
	ocurement Officer	(-/3	Supplier

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

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Annex A

Company Name: Company Address: Contact Person: Contact No.: PhilGEPS Reg. No.: Company TIN:	ime: Idress: on: g. No.:						
Lot 1 Qty.	Unit	t Purchaser's Specifications	cations	ABC per Item	Bidder's Specifications	Unit Cost	Total Cos
400) ream	m Paper, multicopy, 80gsm, A4 size (210mm x 297mm)	0mm x 297mm)	220.00	(1 reason out the detailed specifications in the space provided)		
100		1 - 1	act: Php 100,000.00	120.00			
2 1,00	1,000 piece	e Surgical Mask, 3-ply	-	1			
		- surgical - disposable					
	-	- earloop - 3-ply - wired					
		Approved Budget for the Contract: Php 14,040.00	act: Php 14,040.00				
ω ω	piece	e Drum Cartridge, Brother DR-3455 Approved Budget for the Contract: Php 20,841.60	act: Php 20,841.60	6,947.20			
PURPOSE:	For t	For the 3rd quarter office supplies of PMS-PPMD	PPMD				
PR No.	01-20	01-20001-PR-2021-05-00004					
oidder is not	ntereste	bidder is not interested and will be a ground for suspension or blacklisting in DSWD's future biddings. SHIRLEY. DEGLIZMAN	urchase Order (P.O.) at DSWI disting in DSWD's future bidd	Ings.	in Oxider is not interested and will be a ground for suspension or blacklisting in DSWD's future biddings. SHIRLEY: DEGLIZMAN Page 4 of 4 or 2	original P.O. me	ans that the
=	unkline:	Procurement Officer Trunkline: 89318101 to 07 Voip 10093 and 10097 Fax No. 8951-7116			(Signature over printed name)		

Total Cost