DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Annex A

			red at the Philippine Government Electronic Procurement EPS website at www.philgeps.gov.ph and register for free."	RFQ No. 23- 1651 -SHOPPING B Date: 03-Nov-23		
Compan	y Name:					
Compan	y Address:			-		
Contact	Person:			=		
Contact	No.:			-		
				-		
PhilGEPS Reg. No.: Company TIN:				-		
				-		
Item No.	Qty.	Unit	Purchaser's Specifications	Bidder's Specifications (Please fill out the detailed specifications in the space provided)	Unit Cost	Total Cost
	300	Ream	PAPER MULTICOPY A4, 500 SHEET PER REAM			
	394	Ream	PAPER MULTICOPY LEGAL, 500 SHEET PER REAM			
	100	Pack	FOLDER LONG LEGAL (100Pcs per Pack)			
	600	Pieces	SIGNPEN BLACK LIQUID/GEL INK 0.5MM NEEDLE TIP			
	100	Pieces	MARKER, PERMANENT, BLACK			
	1,055	Piece	CORRECTION TAPE 8METERS			
	150	Box	FASTENER METAL 70MM			
	9	Roll	TWINE			
	6	Pack	SANDO PLASTIC BAG (Red color, Jumbo size 50Pcs/Pack)			
	5	Box	RUBBER BAND (JUMBO)			
			*******NOTHING FOLLOWS*****			
			Approved Budget for the Contract			
		1	(ABC): PhP 318,350.00			
FAILURE	ANT: The win to sign the o	2023-10-16 nning bidder M riginal P.O m	SLP- For SLP Office Supplies			
ADAIT!	/ DADAT:			Supplier		
	V. RADAZA ment Office	er		Signature over Printed Name		

Company Name:	RFQ No.	: 23- 1651 -SHOPPING B
Company Address:	Date	: 03-Nov-23
Contact Person:		
Contact No.:		
Philgeps Reg. No. :		
Company TIN:		
Sir/Madam:		
Please quote your government price/s including delivery charges, VAT or other applicable to Annex A. Failure to indicate information could be basis for non – compliance. Also, furnish u samples, if applicable.		
If you are the exclusive manufacturer, distributor or agent in the Philippines for the goods list notarized certification to this effect.	sted in Annex A please atta	ach in your quotation a duly
As a condition for award, you will be required to submit your Mayor's/Business Permit. The lieu of the Mayor's/Business Permit and PhilGEPS Registration Number. * Mayor's Permit * PhilGEPS Registration No.	e Certificate of Platinum N	1embership may be submitted in
Please accomplish and submit this form together with Annex A and all the required docume Masterson Avenue, Upper Carmen, Cagayan de Oro City or email it to <u>procurement.dswd.fc</u> 2023. Quotations submitted to different email address as stated above shall not be consider	010@gmail.com not later t	
		Very Truly Yours,
		ARNEL V. RADAZA
Terms and Conditions:		DSWD 10 Procurement Officer
4.4	10	- Lucasido
·	l Quoted Price	Lot Basis
Quotation validity shall be 6 Months Goods/Services shall be delivered/conducted within 15-3	0 working days upon recei	nt of PO
4. Place of Delivery DSWD Field Office 10	o working days upon recei	ptorro
5. Terms of Payment: 15-30 days after the inspections		-
Payment through LDDAP-ADA (List of Due and Demandable Accounts Payable-Advice to	Debit Account).	
Account Name:	Account Numbe	r:
Bank Name		
*Note: Non Land Bank of the Philippines accounts shall be charged a service fee.		
6. Liquidated Damages/Penalty: In case of failure to make full delivery within the time spec.	ified above, the amount o	f the liquidated damages shall be
at least equal to one-tenth of one percent (0.001) of the cost of the unperformed portion fo	-	
liquidated damages reaches ten (10%) of the amount of the contract, the Procuring Entity $oldsymbol{u}$	may rescind or terminate t	the contract, without prejudice to
other courses of action and remedies available under the circumstances.		
7. For goods, please indicate brand, model and country of origin.		
8. In case of discrepancy between unit cost and total cost, unit cost shall prevail.		
9. Please indicate Warranty	t submitted its supportion	
10. In case of a tie, the contract shall be awarded to the supplier or service provider who firs website at www.philgeps.gov.ph and register for free."	a submitted its quotation.	
ADDIE V DADAZA		
ARNEL V. RADAZA Procurement Officer	Cianatura	or Printed Name
Procurement Officer	Signature ov	er Printed Name

Republic of the Philippines **Department of Social Welfare and Development**Field Office No. 10

Cagayan de Oro City

PROOF OF RECEIPT

23- 1651 -SHOPPING B **Quotation No:**

Items: PAPER MULTICOPY A4, 500 SHEET PER REAM Purpose: Promotive - SLP- For SLP Office Supplies

Company Name	Representative	Position / Designation	Date	Signature

Canvasse	er