

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

"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."

RFQ No.: 25-0755-NP-Shopping
Date: 2025-6-9

Company Name: _____

Company 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
			SUPPLY AND DELIVERY OF:			
	2500	pc	SIGN PEN, Extra Fine Tip, BLACK, liquid/gel ink, 0.5mm needle tip			
	300	pc	SIGN PEN, Extra Fine Tip, BLUE, liquid/gel ink, 0.5mm needle tip			
	400	roll	TAPE, MASKING, width: 24mm (±1mm), 50m			
	53	pack	FOLDER with tab, LEGAL, 100 pieces per pack			
	500	pc	CORRECTION TAPE, film base type, UL 6m min			
	53	pc	STAMP PAD, FELT, No. 2			
	50	box	CLIP, BACKFOLD, all metal, clamping: 32mm (±1mm), 12pcs/box			
	150	pair	SCISSORS, at least 6.5"			
	30	box	ENVELOPE, EXPANDING, KRAFT, WITH GARTER LEGAL SIZE, 100pcs/box			
	300	pc	MARKER, PERMANENT, bullet type, black			
	200	set	MARKER, FLUORESCENT (HIGHLIGHTER), 3 assorted colors per set			
	200	box	RUBBER BAND No. 18, 350g min			
	1500	ream	PAPER, MULTI-PURPOSE, A4, 70gsm			
	1500	ream	PAPER, MULTI-PURPOSE, Legal/Folio/F4 (8.5" x 13"), 70gsm			
			***** NOTHING FOLLOWS *****			
			Note: -			
			Approved Budget for the Contract			
			(ABC): PhP 968,459.00			

PURPOSE: FOR CIU AND SATELLITE OFFICE USE

PR No. 2025-06-0755

IMPORTANT: The winning bidder MUST SIGN the original copy of Purchase Order(P.O.) upon receipt of the P.O. FAILURE to sign the original P.O. means that the bidder is not interested and will be ground for suspension or blacklisting in DSWD's future biddings.


ARNEL V. RADAZA
Procurement Officer

Supplier
Signature over Printed Name

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

RFQ No. 25-0755-NP-Shopping
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Sir/Madame

Please quote your government price/s including delivery charges, VAT or 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 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.

- * Mayor's Permit
- * PhilGEPS Registration No.

Note: Submission of PhilGEPS Platinum Certificate of Registration and Membership is acceptable in lieu of the Mayor's Permit and PhilGEPS Reg. No.

Please accomplish and submit this form together with Annex A and all the required documents to DSWD - Procurement Unit, DSWD Field Office 10, Masterson Avenue, Upper Carmen, Cagayan de Oro City or email it to bac.fo10@dswd.gov.ph not later than _____. Quotations submitted to different email address as stated above shall not be considered for evaluation.

5:01 PM JUN 13 2025

Very truly Yours,

ARNEL V. RADAZA
DSWD 10 Procurement Officer

Terms and Conditions:

- | | | | |
|--|---|---|------------------------------------|
| 1. Award shall be made on per: | <input checked="" type="checkbox"/> Item Basis | <input type="checkbox"/> Total Quoted Price | <input type="checkbox"/> Lot Basis |
| 2. Quotation validity shall be: | 6 Months | | |
| 3. Goods/Services shall be delivered/conducted within: | 15-30 CD after date of receipt of PO | | |
| 4. Place of Delivery: | Field Office 10 | | |
| 5. Delivery Term: | Cut-off Time for Deliveries during Office Hours | | |
| | 8 AM - 4 PM - Monday to Thursday | | |
| | 8 AM - 12 NN - Friday | | |

For delivery arrangements, please contact the Contract Implementation Unit to confirm the schedule.

Mai2x-	09954312982
Nadj-	09286163107
Froilan-	09519204261

6. Terms of Payment: 15-30 CD after date of Final Inspection
- Payment through LDDAP-ADA (List of Due and Demandable Accounts Payable-Advice to Debit Account).
- Account Name: _____ Account Number: _____
- Bank Name: _____

***Note: Non Land Bank of the Philippines accounts shall be charged a service fee.**

7. Liquidated Damage/Penalty: **In case of failure to make full delivery within the time specified above, the amount of Liquidated damages shall be at least equal to one-tenth of one percent (0.01) of the cost of the unperformed portion for every day of delay. Once the cumulative amount of Liquidated damages reaches ten (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.**

8. For goods, please indicate brand, model and country of origin.

9. In case of discrepancy between unit cost and total cost, unit cost shall prevail.

10. Please indicate Warranty

11. In case of a tie, the contract shall be awarded to the supplier or service provider who first submitted its quotation.

12. NOTE: "Prospective supplier must be registered at the Philippines Government Electronic Procurement System (PhulGEPS). You may visit the PhilGEPS website at www.philgeps.gov.ph and register for free".

ARNEL V. RADAZA
Procurement Officer

Supplier
Signature over Printed Name

Republic of the Philippines
Department of Social Worker and Development
Field Office No. 10
Cagayan de Oro City

PROOF OF RECEIPT

Quotation No: 25-0755-NP-Shopping

Items:

Purpose: FOR CIU AND SATELLITE OFFICE USE

Company Name	Representative	Position/ Designation	Date	Signature

Canvasser