

# DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office VII

Corner M.J. Cuenco and Gen. Maxilom Ave., Cebu City

## REQUEST FOR QUOTATION SHOPPING

		RFQ No.	: DSWD7-2024-0804
		Date	June 25, 2024
Company Name	1		
Company Address			
Contact Person		X.	
Contact No.			
	on No.:		
Sir/Madam:	F = 1	1	
Please quote your expenses for the go	government price/s including de ods listed in Annex A. Failure to i riptive brochures, catalogues, liter	indicate information could be	er applicable taxes, and other incidenta the basis for non-compliance. Also, kindly plicable.
If you are the exclus your quotation a duly	ive manufacturer, distributor or aq notarized certification to this effe	gent in the Philippines for the	e goods listed in <b>Annex A</b> , please attach in
Interested service p Registration Numb	providers are required to submi er upon submission of quotation.	t true copies of their valid	Mayor's/Business Permit & Philgeps
rield Office VII, Ceb	and submit this <b>form</b> together w u City or send it through facsimile vd.gov.ph on or before <b>July 01, 2</b> 0	e numbers (032) 233-8785: 2	ormation to the BAC Secretariat, DSWD 233-0261; 231-2172 local 140 or 148 or e-
Terms and Condition  1. Award shall be made.	de on per: item basis	AO V/Head, Pr  ✓ total quoted price	NUEL M. EDLES rocurement Management Section lot basis
Good/s or Service:	shall be not less than 60 calenda	<u>r days.</u> vs. calondar from receipt or	nd conformity of Purchase Order.
4. Place of Delivery:	Regional Haven for Women,	AVRC Compound. Camor	not Franza Road, Brgy. Labangon,
<ol> <li>Liquidated Damag</li> <li>In case of discrepa multiplied by the qu</li> </ol>	Ecou City  within 30 days from the receives/Penalty:  One-tenth of one and the price per item and the per item	ipt of billing statement.  percent for everyday of del and unit price for the item as prevail.	lay shall be imposed
. Transity period, ii	applicable:	5	Organ 1 2 Stell
		СН.	ARL ALBERT J. TORREFIEL  Canvasser
I am interested to quo	ote and agree to the terms and co	nditions.	

(Signature over Printed Name of Supplier / Service Provider / Authorized Representative)



#### DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office VII, Cebu City

Company Name	- P		RFQ N	o. DSWD7-2024-08
Company Address			Date:	June 25, 2024
Contact Person				5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Contact No.				
PhilGEPS Registration No.:				
Tin Number:				

Item No.	Quantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply"	Bidder's Specifications	Unit Cost	Total Cost
			Suply and Delivery of				
1	50	piece	Dining Chair Plastic Without				
			Arm				
			Description:				
			CHAIR, Dining Chair, plastic without arm				
			Dimension: (approximately)				
			Seat: Front Width 42cm. Back width 38cm				
			Seat Height: 47 cm				
	i.		Backrest Width: 45cm				
			Backrest Height from the floor: 80 cm				
Appro	Approved Budget for the Contract: Php 55,000.00		Note:				
End User: HAVEN		"Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.					

For Regional Haven for Women residents use. Note: Procurement procedure in accordance with DSWD-Memorandum Circular No. 2, Series of 2007.

> CHARL ALBERT J. TORREFIEL Canvasser

Signature of Supplier / Authorized Representative Over Printed Name

PURPOSE :

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#### Haven FO 7 <haven.fo7@dswd.gov.ph>

### **Jasmine Chair**

2 messages

Cebu Progress <cpcrecla@yahoo.com>
To: Haven FO 7 <haven.fo7@dswd.gov.ph>

Thu, May 23, 2024 at 9:36 AM

Hi Ma'am,



**CODE: JASMINE** 

All Plastic W/O Arm

Amount: 1,045.00

Size:

Seat: Front Width 42cm. / Back Width 38cm.

Seat Height : 47cm. Backrest Width : 45cm.

Backrest Height From the Floor: 80cm.

Thanks,

**Jyronny** 

**Haven FO 7** <a href="haven.fo7@dswd.gov.ph">haven.fo7@dswd.gov.ph</a>
To: Cebu Progress <a href="haven.gov.ph">cpcrecla@yahoo.com</a>

Thu, May 23, 2024 at 10:32 AM

Received, thank you.

[Quoted text hidden]

2 attachments