



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. : DSWD7-2024-1657  
 Date : December 09, 2024

Company Name : \_\_\_\_\_  
 Company Address : \_\_\_\_\_  
 Contact Person : \_\_\_\_\_  
 Contact No. : \_\_\_\_\_  
 PhilGEPS Registration No.: \_\_\_\_\_

**Sir/Madam:**

Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in Annex A. Failure to indicate information could be the basis for non-compliance. Also, kindly 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 the goods listed in **Annex A**, please attach in your quotation a duly notarized certification to this effect.

Interested service providers are required to submit true copies of their valid **Mayor's/Business Permit & Philgeps Registration Number** upon submission of quotation.


Please accomplish and submit this **form** together with **Annex A** and **Bank Information** to the BAC Secretariat, DSWD Field Office VII, Cebu City or send it through facsimile numbers (032) 233-8785; 233-0261; 231-2172 local 140 or 148 or e-mail to bac.fo7@dswd.gov.ph on or before **December 13, 2024 at 5:00PM.**

Very truly yours,

  
 ENGR. EMMANUEL M. EDLES  
 AO V/Head, Procurement Management Section

**Terms and Conditions:**

- Award shall be made on per:  item basis  total quoted price  lot basis
- Quotation validity shall be not less than **60 calendar days.**
- Good/s or Services shall be delivered **within 30 days calendar from receipt and conformity of Purchase Order.**
- Place of Delivery:  **RRCY, Brgy. Candabong Binlod, Argao, Cebu**
- Terms of Payment: **within 30 days from the receipt of billing statement.**
- Liquidated Damages/Penalty:  **One-tenth of one percent for everyday of delay shall be imposed.**
- In case of discrepancy between total price per item and unit price for the item as extended or multiplied by the quantity of that item, the latter shall prevail.
- Warranty period, if applicable: \_\_\_\_\_

  
**CHARL ALBERT J. TORREFIEL**  
 Canvasser

I am interested to quote and agree to the terms and conditions.

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



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


Company Name \_\_\_\_\_  
Company Address \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Contact No. \_\_\_\_\_  
PhilGEPS Registration No.: \_\_\_\_\_  
Tin Number: \_\_\_\_\_

RFQ No. DSWD7-2024-1657 ✓

Date: December 09, 2024 ✓

Item No.	Quantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
<b>Supply and Delivery of Belongings</b>							
1	100	pieces	T-shirt 100% cotton, round neck, long sleeve, Plain color-Navy Blue L(60pcs) XL(40pcs)				
2	250	pieces	Tshirts- daily wear-100%cotton, round neck, sizes (M, L, XL)  (Color blue- M -20 pcs, L -20 pcs, XL - 10pcs) (Color green- M -20 pcs, L -20 pcs, XL - 10pcs) (Color yellow- M -20 pcs, L -20 pcs, XL - 10pcs) (Color red- M -20 pcs, L -20 pcs, XL - 10pcs) (Color gray- M -20 pcs, L -20 pcs, XL - 10pcs)				
3	2	roll	Cloth/Linen Pitch twill, Plain color-Dark at least 55m/roll, at least 60"W Dark Blue- 1 roll Dark green- 1 roll				
4	60	pair	Slipper, for adult, rubber, good quality, assorted sizes, assorted colors sizes: size 10- 30 pair size 11- 30 pair				
<b>Total:</b>							
Approved Budget for the Contract: <b>Php 136,100.00</b>				Note: "Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			
End User: <b>RRCY</b>							
PURPOSE : For RRCYs 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

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