



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. : DSWD7-2025-0325
 Date : March 21, 2025

Company Name : _____
 Company Address : _____
 Contact Person : _____
 Contact No. : _____
 PhilGEPS Registration No.: _____

Sir/Madam:

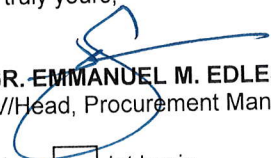
Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in Annex A. Failure to indicate information could be the basis for non-compliance. Also, kindly furnish us with descriptive brochures, catalogues, literatures 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 supplier/s are required to submit true copies of their **valid Mayor's Permit, Philgeps Registration Number** upon submission of quotation/s.


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) 887-9720; 233-0261; 231-2172 local 17140 or 17110 or e-mail to bac.fo7@dswd.gov.ph on or before **March 26, 2025 at 5:00PM**.

Very truly yours,


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

Terms and Conditions:

1. Award shall be made on per: item basis total quoted price lot basis
2. Quotation validity shall be not less than **60 calendar days**.
3. Good/s or Services shall be delivered **please refer to Annex A**.
4. Place of Delivery: **RRCY, Brgy. Candabong Binlod, Argao, Cebu**
5. Terms of Payment: **within 30 days from the receipt of billing statement**.
6. Liquidated Damages/Penalty: **One-tenth of one percent for everyday of delay shall be imposed.**
7. 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.
8. 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)



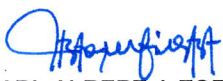
DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Field Office VII, Cebu City

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

RFQ No.: **DSWD7-2025-0325**
 Date: **March 21, 2025**

Item No.	Quantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
1	180	bag	<p>Supply and Delivery of Well-milled Commercial Rice</p> <p>-50 kilograms per bag</p> <p>-With at least 75% long whole grain & 25% broken rice</p> <p>-Must be white/creamy/grayish white in color</p> <p>-Must be with not more than 14% moisture content</p> <p>-Shall be free from weevils, little insects, pests, objectionable odors, foreign matters and other contaminants.</p> <p>Place of Delivery: Regional Rehabilitation Center for Youth, Candabong Binlod, Argao, Cebu</p> <p>Delivery Schedule: Within 2nd Semester (July to December 2025)</p>				
<p>Approved Budget for the Contract: Php 594,000.00</p>				<p>Note: "Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.</p>			
<p>End User: RRCY</p>							
<p>PURPOSE : For RRCY Residents' Consumption for the 2nd Semester of 2025</p>							

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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