

## DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office VII Corner M.J. Cuenco and Gen. Maxilom Ave., Cebu City

## REQUEST FOR QUOTATION SHOPPING

		KFQ No.	: DSWD7-2022-1037
Company Name:		Date	June 15, 2022
Company Address:		_	
Contact Person:		_	
Contact No.:		<del></del>	
PhilGEPS Registration	n No.:		
Sir/Madam:		_	
	overnment price/s including delivery chor the goods listed in Annex A. Failure to the goods listed in Annex brochures, countries, co		
If you are the exclusive attach in your quotation	e manufacturer, distributor or agent in the n a duly notarized certification to this effer	Philippines for th	ne goods listed in Annex A, please
Interested service prov Philgeps Registration prior to award	iders are required to submit true copies on Number upon submission of quotation.	f their valid <b>Mayo</b> An <b>Omnibus Sw</b>	r's/Business Permit and om Statement shall be required
	d submit this form together with Annex, Cebu City or send it through facsimile new common or before June 2		
	R	ery truly yours,  OSARIO P. BACC	ONG
Terms and Conditions	M/8	O vii ięau, Piocui	ement Management Section
1. Award shall be made	on per: item basis v total qu	oted price	lot basis
2. Quotation validity sha	all be not less than 60 calendar days.		
4. Place of Delivery	hall be done on the specific dates in An	nex A.	
Thate of Delivery.	DSWD Field Office VII, Cebu City	-	
5. Terms of Payment:	within 30 calendar days from the comp Statement / Sales Invoice.	letion of services	s and receipt of Billing
6. Liquidated Damages/	Penalty: One-tenth of one percent for	overden ef del	
odoc of discrepant	by between total price per item and unit pri titem, the latter shall prevail.	ice for the item as	ay shall be imposed.  s extended or multiplied
8. Warranty Period, if ap	oplicable:		
	and agree to the terms and conditions.	HENRY	CLINT D. RICABORDA Canyasser
(Signature over	Printed Name of Supplier /		20

Authorized Representative)

Signature of supplier/Authorized Representative over printed

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Company Name:					RFQ No.: DSWD7-2022-1037 Date: June 15, 2022			
Company Address:								
Contact Per	rson: _							
Contact No.	.:							
PhilGEPS F	Registra	tion No.:						
Item No.	Qty	Unit	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost	
1	100	unit	USB Flash Drive					
			Capacity: at least 128 gigabyte Type: at least USB 3.0					
Approved Bu	udget for	the Contr	act: Php 80,000.00	N. P. P. J. J. D. P.			Pla na su	
End User: Ko	300 T-05 NO 11 IN 15			Note: "Bidder's Specificat (brand, model, origin) or n	ions" column may b nay copy "Articles/D	e filled up with escription" stat	supplier's offer ted if applicable	
Purpose : for KC-NCDDP-AF use			CDDP-AF use					

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