

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. : DSWD7-2020-1143\

Date : October 15, 2020

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, 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) 233-8785; 232-0261 local 126 or e-mail to kalahiproc123@gmail.com on or before October 22, 2020, 11:00am.

Very truly yours,


ROSARIO P. BACONG


AO VI/ 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 calendar days upon receipt of Purchase Order.
- Place of Delivery: **DSWD FO VII, Cebu City**
- Terms of Payment: **within 30 calendar 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: _____

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

(Signature over Printed Name
of Supplier / Authorized Representative)


REINAFLORE C. VISTO
Cavasser

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

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Item No.	Qty.	Unit	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
	1,000	can	Insecticide, Aerosol Type, 600ml min				
	200	ream	Bondpaper, Legal, 8.5 x 13, 70gsm				
	200	pack	Stick Notepad size: 101mm x 76mm, AO4, 12pcs/box (3x4)				
	200	pack	Stick Notepad size: 76mm x 51mm, AO2, 12pcs/box (2x3)				
	1,000	piece	Marker Permanent, bullet type, black, 12 pcs/box				
	1,000	piece	Marker Permanent, bullet type, blue, 12 pcs/box				
	300	ream	Bondpaper, A4, 210mm x 297mm, 70gsm				
	2,000	roll	Masking Tape, size: 24mm, 25 meters length, 180 roll/box, 12 rolls/bundle				
	100	box	Expanding Kraft board, for legal size documents, 100 piece per box				
	200	pack	Battery AAA, 2pcs/blister pack				
	200	pack	Battery AA, 2pcs/blister pack				
Approved Budget for the Contract: Php 642,400.00							
Charge to: KC-NCDDP Funds							
End User: KC-NCDDP							
PURPOSE : Office Supplies for training activity use							
Note: Procurement procedure in accordance with DSWD-Memorandum Circular No. 2, Series of 2007.							
Note: "Bidder's Specifications" column may be filled up with supplier's offer (brand, model, origin) or may copy "Articles/Description" stated if applicable.							
Total:							

(Signature Over Printed Name
 of Supplier / Authorized Representative)

REINAFLO R. C. VISTO
 Canvasser