

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. : DSWD7-2020-1177

Date : October 16, 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 23, 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)

  
**REINAFIOR C. VISTO**  
Canvasser

**DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT**  
**Field Office VII**

Company Name \_\_\_\_\_  
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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	1,000	bottle	Alcohol - 500ml, 70% Solution				
2	1,000	bottle	Liquid Hand Soap - 500ml				
3	2,000	pack	Tissue Paper - 2 Ply Sheet, 150 pulls, 12 rolls/pack				
<b>Total:</b>							

Approved Budget for the Contract: Php 480,000.00

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.

\_\_\_\_\_  
 (Signature Over Printed Name  
 of Supplier / Authorized Representative)

**REINAFLORES C. VISTO**  
 Canvasser