



REQUEST FOR QUOTATION
SHOPPING

RFQ No. : DSWD7-2020-1250
 Date : October 29, 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, 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** and **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; 231-2172 local 140 or 148 or e-mail to bac.fo7@dswd.gov.ph on or before **November 5, 2020 at 5:00 pm.**

Very truly yours,

ROSARIO P. BACONG
 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 within **30 days** upon receipt of approved Purchase Order.
4. Place of Delivery: DSWD FOVII, Cebu City
5. Terms of Payment: within 30 calendar days from the receipt of Billing Statement / Sales Invoice.
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: _____

REINAFLOR C. VISTO
 Canvasser

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

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


DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
 Department of Social Welfare and Development
Field Office VII, Cebu City

Company Name

Company Address

Contact Person

Contact No.

PhilGEPS Registration No.:

RFQ No.: DSWD7-2020-1250

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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	350	box	VITAMIN C Ascorbic acid (non-acidic/alkaline), at least 500MG/tablet, at least 100 tablets per box, generic or branded				
2	150	pc	Face Shield direct splash protection, with eyeglass type				
3	50	set	Personal Protective Equipment sterile, coverall hazmat suit, medium size				
Approved Budget for the Contract: Php252,500.00							
Charge to: RJJWC -7 Funds							
End User: Regional Juvenile Justice and Welfare Committee-7							
Purpose : Assistance to youth care facilities as response to COVID-19 Pandemic							
Note: "Bidder's Specifications" column may be filled up with supplier's offer (brand, model, origin) or may copy "Articles/Description" stated if applicable.							

Note: Procurement procedure in accordance with DSWD-Memorandum Circular No. 2, Series of 2007.

Signature of Supplier / Service Provider /
Authorized Representative Over Printed Name


REINAFLOOR C. VISTO
 Calvasser