

## DSWD DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

and Development Corner M.J. Cuenco and Gen. Maxilom Ave., Cebu City

## REQUEST FOR QUOTATION SHOPPING

			RFQ No.	: DSWD7-2020- 1278
			Date	: November 6, 2020
Company Name	:			
Company Address				
Contact Person	:			
Contact No.				
	n No.:			
Sir/Madam:				
	overnment price/s including	delivery charges \	/AT or other	applicable taxes, and other
incidental expenses f	or the goods listed in Annex	x A. Failure to indicate	te information	n could be the basis for non- eratures and/or samples, if
	ive manufacturer, distributo quotation/s a duly notarized	_		he goods listed in Annex A,
Interested supplier/s Number upon submi		copies of their valid M	layor's Perm	it & Philgeps Registration
DSWD Field Office \	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	ough facsimile numb	ers (032) 23	ation to the BAC Secretariat, 3-8785; 232-0261; 231-2172 20 at 5:00pm.
		Very tr	uly yours,	
		, .	lung	
		ROSAI	RIO P. BACC	ONG
			1	ement Management Section
Terms and Condition	ns:			
1. Award shall be ma	de on per: item bas	is v total quoted	price	lot basis
2. Quotation validity	shall be not less than 60 cal	endar days.		
3. Good/s or Services	s shall be delivered within 30	O calendar days upo	n receipt of a	approved Purchase Order.
4. Place of Delivery:	DSWD FO VII, Cebu City			W. 97
5. Terms of Payment	within 30 calendar days	from the receipt of	Billing State	ement / Sales Invoice.
6. Liquidated Damag				lay shall be imposed.
7. In case of discrepa	ancy between total price per			
	hat item, the latter shall pre-			(1)
8. Warranty Period, i	f applicable:		-	XXXIII
			RA	YMOND PEPITO
			0.02500	Canvasser
I am interested to qu	ote and agree to the terms a	and conditions.		
(Signature	over Printed Name of Supplier	1		
	thorized Representative)	Daniel 4 - 60		

Company Name

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November 6, 2020

## DSWD DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Company A Contact Per Contact No. PhilGEPS F	Company Address Contact Person Contact No. PhilGEPS Registration No.:	tion No			Date:	November 5, 2020	5, 2020
Item No.	aty.	Unit	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
_	10,000	pc	SURGICAL MASK, 3 PLY				
2	1,000	bottle	bottle ALCOHOL, 500ml, 70% Isoprophyl				
Approv	ed Budget f	or the C	Approved Budget for the Contract: Php 245.000.00	Note: "Bidder's Co.	Note: "Bidder's Specifications" column may be filled up with supplier's	av he filled up w	ith supplier's
Charge	Charge to: Pantawid	wid		offer (brand, mode	offer (brand, model, origin) or may copy "Articles/Description" stated if applicable.	Articles/Descrip	tion" stated if
End U	End User: Pantawid	wid			applicable.		
Purpose :		For De	For Delivery of Pantawid Office Region VII, Office Supplies consumption CY 2020				
Note: I	rocureme	nt proc	Note: Procurement procedure in accordance with DSWD-Memorandum Circular No. 2, Series of	2007.			

Signature of Supplier / Authorized Representative Over Printed Name

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Canvasser

PEPITO