



**REQUEST FOR QUOTATION
 SHOPPING**

RFQ No. : DSWD7-2020- 1331
 Date : November 20, 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/s 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; 231-2172 local 140 or 148 or e-mail to bac.fo7@dswd.gov.ph on or before **November 25, 2020 at 5:00pm**.

Very truly yours,


ROSARIO P. BACONG
 AO V/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 approved Purchase Order.
- Place of Delivery: **DSWD FO VII, Cebu City**
- Terms of Payment: **within 30 calendar days from the receipt of Billing Statement / Sales Invoice.**
- 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: _____


REINAFLOR C. VISTO
 Canvasser

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

 (Signature over Printed Name of Supplier /
 Authorized Representative)



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

Company Name _____
 Company Address _____
 Contact Person _____
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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	capsule	Cough and Cold Medication (Non-Drowsy Tablet 500mg)				
2	1,000	tablet	Cough and Cold Medication (500mg)				
3	1,000	tablet	Antacid (500mg)				
4	1,000	tablet	Anti Diarrhea (2mg)				
5	500	tablet	Anti Hypertensive				
6	500	tablet	Antihistamine				
7	35	bottle	Eye Drops Solutions 15ml				
8	16	pack	Cottons Balls 300mg				
9	15	piece	Bandage Scissor				
10	20	pack	Gauze Pad 3x3				
11	100	roll	Adhesive Medical Tape (Microphone)				
12	500	box	Elastic Bandages				
13	100	sachet	Calamine Lotion (3.5mg)				
14	800	bottle	Insect Repellent Lotion 50ml				
Approved Budget for the Contract: Php 194,023.00							
Charge to: SOCPEN Funds							
End User: PSD/SOCIAL PENSION PROGRAM							
Purpose : Medical supplies for DSWD staff							
				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 / Authorized Representative _____
 Over Printed Name

REINAFLORE C. VISTO
 Canvasser