



REQUEST FOR QUOTATION
SHOPPING

RFQ No. : DSWD7-2020-1332
 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 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 25, 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.: _____

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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	15	unit	Touchless Hand Disinfection System with Automatic Sensor Specification: >Color: black + white >Material:ABS >Capacity:1000ML, at least >Sensitive Area:8cm +/-1cm >Amount of each spray: 1ML, approximately >Voltage: 6v 1A >Battery: 4xc batteries >Size:26x11x12cm, approximately >Auto eject liquid when your hand is 3-10cm away the outlet				
2	15	unit	Handsfree Non-Contact Forehead Body Infrared Thermal Scanner (with Tripod) Specification: >Lightweight and portable >Adheres to any wall surface for safe, convenient, handsfree scanning >Large Display for easy reading				

<p>> 1 Second Quick Temperature Measurement</p> <p>> +/-0.2 High Accuracy</p> <p>> Alarm Function</p> <p>> One Week Standby</p> <p>> °C/°F Units Available</p> <p>> Energy Saving</p> <p>> Optional add-on: 2.1m tripod mount</p> <p>> Accuracy: +/-0.2 degrees</p> <p>> Infrared Measuring Range: 0-50°C</p> <p>> Abnormal Automatic Alarm: Flashing + Sound</p> <p>> Automatic Measurement: Measuring Distance 5-10cm</p> <p>> Operating Temperature: 10°C-40°C (recommended 15°C-35°C)</p> <p>> Screen: Digital Display</p> <p>> Auto display off time: 5s (Red dot dynamic cycle)</p> <p>> Response time: 0.5s (at least)</p> <p>> Charging Method: USB charging of battery</p> <p>> Power Input: USB DC 4.2-5V</p> <p>> Weight: 0.35kg (more or less)</p> <p>> Dimension: 170x11.5x14cm, approximately</p>				
<p>Approved Budget for the Contract: Php165,000.00</p>				
<p>Charge to: SOCPEN Funds</p>				
<p>End User: SOCIAL PENSION PROGRAM (SOCPEN)</p>				
<p>Purpose: For DSWD staff use.</p>				
<p>Note: "Bidder's Specifications" column may be filled up with supplier's offer (brand, model, origin) or may copy "Articles/Description" stated if applicable.</p>				

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

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


REINAF LOR C. VISTO
Canvasser