

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

nt of Social Welfare and Development Corner M.J. Cuenco and Gen. Maxilom Ave., Cebu City

REQUEST FOR QUOTATION SHOPPING

	RFQ No.	: DSWD7-2020- 1384
Company Name :	Date	: December 1, 2020
Company Address :		
Contact Person :		
Contact No.		
PhilGEPS Registration No.:		
Sir/Madam:		
Please quote your government price/s including delivery charges, incidental expenses for the goods listed in Annex A. Failure to indica compliance. Also, kindly furnish us with descriptive brochures, capplicable.	VAT or other ate information catalogues, lit	applicable taxes, and other n could be the basis for non- eratures and/or samples, if
If you are the exclusive manufacturer, distributor or agent in the Ph please attach in your quotation/s a duly notarized certification to this	nilippines for the	ne goods listed in Annex A,
Number upon submission of quotation/s.	/layor's Perm	it & Philgeps Registration
Please accomplish and submit this form together with Annex A and I DSWD Field Office VII, Cebu City or send it through facsimile numb local 140 or 148 or e-mail to bac.fo7@dswd.gov.ph on or before Dece	Bank Informa ers (032) 233 ember 04, 202	tion to the BAC Secretariat, i-8785; 232-0261; 231-2172 to at 5:00pm.
Very tr	uly yours,	
ROSAI	RIO P. BACOI	NG
AO V/H	lead, Procurei	ment Management Section
ionis and conditions:		
 Award shall be made on per: item basis		ot basis
5. Good/s or Services shall be delivered within 30 calendar days upon	roccint of	
5. Terms of Payment: within 30 calendar days from the receipt of I	Pilling State	
6. Liquidated Damages/Penalty: One-tenth of one percent for every control of the receipt of the	nuday of dalar	ient / Sales Invoice.
7. In case of discrepancy between total price per item and unit price for by the quantity of that item, the latter shall prevail.	the item as e	y snall be imposed. xtended or multiplied
8. Warranty Period, if applicable:	LEIEV	VAYNEYOUNG
I am interested to quote and agree to the terms and conditions.		Canvasser
(Signature ever Drint 11)		

(Signature over Printed Name of Supplier / Authorized Representative)

DSWD DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

		2020	ation Phase on December 2	Vote: Procurement procedure in accordance	t proce	rocuremer	lote: P
		מקקוונמטוכ.		Provision of cellcards to Enumerators during the conduct of Listahanan 3 - Validation and Einstein Bu	Provision		ourpose :
ion" stated if	Articles/Descript	annlicable		N	HANA	End User: LISTAHANAN	end Us
ith supplier's	y be filled up w	Note: "Bidder's Specifications" column may be filled up with supplier's offer (brand, model origin) or may come "Additional to be with supplier's	Note: "Bidder's Spec	Charge to: LISTAHANAN FUNDS	HANA	to: LISTA	Charge
				Approved Budget for the Contract: Php 132 000 00	or the Co	d Budget fo	Approve
154				CELLCARDS, GLOBE 300	þć	022	١
						330	S
				CELLCARDS, SMART 300	pc	022	-
			not compiy)	- 1	- 1	330	_
Total Cost	Unit Cost	Bidder's Specifications	Statement of Compliance (State "Comply" or "Not Comply")	Articles / Descriptions	Unit	Qty.	Item No.
				NO.:	ation No	PhilGEPS Registration No.:	PhilGE
1, 2020	December 1, 2020	Date:	•			Contact No.	Contact No.
)20- 1384	RFQ No.: DSWD7-2020- 1384	RFQ	•		0,	Company Address	Compa
						Company Name	Compa

Signature of Supplier / Authorized Representative
Over Printed Name

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

