



## DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office VII

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

## REQUEST FOR QUOTATION SHOPPING

	RFQ No.	: DSWD7-2020-1498
	Date	: December 16, 2020
Company Name :		
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 ind compliance. Also, kindly furnish us with descriptive brochures, applicable.	icate information	n could be the basis for non-
If you are the exclusive manufacturer, distributor or agent in the please attach in your quotation/s a duly notarized certification to thi	Philippines for the seffect.	he goods listed in Annex A,
Interested supplier/s are required to submit true copies of their valid <b>Number</b> upon submission of quotation/s.	d <b>Mayor's Perm</b>	it & Philgeps Registration
Please accomplish and submit this <b>form</b> together with <b>Annex A</b> and DSWD Field Office VII, Cebu City or send it through facsimile null local 140 or 148 or e-mail to bac.fo7@dswd.gov.ph on or before <b>D</b> 6	mbers (032) 233	3-8785; 232-0261; 231-2172
ROS	y truly yours,  MMC  SARIO P BACO  V/Head, Procure	NG ement Management Section
Terms and Conditions:		
<ol> <li>Award shall be made on per: item basis v total quo</li> <li>Quotation validity shall be not less than 60 calendar days.</li> </ol>	ted price	lot basis
3. Good/s or Services shall be delivered within 30 calendar days u	pon receipt and	comformity of PO
4. Place of Delivery: DSWD FO VII, Cebu City		
5. Terms of Payment: within 30 calendar days from the receipt	of Billing State	ment / Sales Invoice.
6. Liquidated Damages/Penalty: One-tenth of one percent for o		
7. In case of discrepancy between total price per item and unit price by the quantity of that item, the latter shall prevail.	e for the item as	extended or multiplied
8. Warranty Period, if applicable:	_ LEIF V	WAYNE P. YOUNG Canvasser
I am interested to quote and agree to the terms and conditions.		Janvasser

(Signature over Printed Name of Supplier / Authorized Representative)

## SWD DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT POPULATION OF SOCIAL WELFARE AND DEVELOPMENT

C. C	PhilGEPS Registration No .	Contact No.	Contact Person	Company Address	Company Name

DSWD7-2020-1498 December 16, 2020

Item No. Qty.	Unit	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
		Mobile /Cellular Phone Pre-Paid Cards:				
1 100	) pcs	GLOBE, 300, Regular, Call-Text-Surf				
2 100	) pcs	SMART, 300, Regular, Call-Text-Surf				
3 50	pcs	SUN, 300, Regular, Call-Text-Surf				
Approved Budget for the Contract: Php 75,000.00	for the Contra	ct: Php 75,000.00				
Charge to:			Note: "Bidder's Specifications" column may be filled up with supplier's offer	fications" colum	n may be filled up v	vith supplier's offer
End User: ORD			(braild, illodel, origin) or may copy "Articles/Description" stated if applicable	or may copy "Ar	icles/Description"	stated if applicable.
Purpose : Commur	nication/Mobile	Purpose : Communication/Mobile Load in the Pilot Implementation of the WiSUPPORT Project: An Online I	line Mental Health and Psycho-social Support (MHPSS)	sycho-social Supp	ort (MHPSS)	

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

Canvasser

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Signature of Supplier / Authorized Representative Over Printed Name