



**REQUEST FOR QUOTATION  
 SHOPPING**

RFQ No. : DSWD7-2020-1527  
 Date : December 22, 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 **December 28, 2020 at 12:00 noon.**

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 days** upon receipt and conformity of Purchase Order.
- Place of Delivery: **AVRC Compound, Camomot Franza St., Brgy. Labangon, Cebu City, Cebu**
- 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: \_\_\_\_\_

  
**LEIF WAYNE YOUNG**  
 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)


**DSWD** 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	8	Unit	<b>First Aid Cabinet/Box</b> Specifications: > Wall-mounted > Transparent, single door, & metal glass door > Durable, high quality plastic material > Dimension: 40cm x 50cm > Thickness: 15cm > Single Door, metal glass door > With 2 shelves  Place of Delivery: AVRC Compound, Camomot Franza St. Brgy. Labangon, Cebu City, Cebu				
Approved Budget for the Contract: <b>Php 88,000.00</b> Charge to: <b>OP/PWD Funds</b> End User: <b>PSD/OP/PWD/CUMBASED</b> Purpose : <b>For PWD Clients' use</b>							
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 / Service Provider /  
 Authorized Representative Over Printed Name

  
**LEIF WAYNE YOUNG**  
 Canvasser