

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. : DSWD7-2	2021-1424
	Date : Decembe	r 10, 2021
2		
Company Name :		
Company Address :		
Contact Person :		
Contact No. :		
PhilGEPS Registration No.:		
Sir/Madam:		
Please quote your government price/s including delivery charges, VA expenses for the goods listed in Annex A. Failure to indicate informat kindly furnish us with descriptive brochures, catalogues, literatures an	on could be the basis for	non-compliance. Also,
If you are the exclusive manufacturer, distributor or agent in the Phil attach in your quotation/s a duly notarized certification to this effect.	opines for the goods list	ed in Annex A , please
Interested supplier/s are required to submit true copies of their va Number upon submission of quotation/s.	lid Mayor's Permit & I	Philgeps Registration
Please accomplish and submit this form together with Annex A a DSWD Field Office VII, Cebu City or send it through facsimile number 140 or 148 or e-mail to bac.fo7@dswd.gov.ph on or before December	ers (032) 233-8785; 233	the BAC Secretariat, 3-0261; 231-2172 local
	Manufactura	
	Very truly yours,	
	mys	
	ROSARIO P. BACON	
	AO V/Head, Procuremo	ent Management Section
Terms and Conditions:		
1. Award shall be made on per: item basis v total quoted	price lot basis	
2. Quotation validity shall be not less than <u>60 calendar days.</u>	•	
3. Good/s or Services shall be delivered within 30 days calendar from	receipt and conformity o	f Purchase Order.
4. Place of Delivery: DSWD Field Office VII, Carreta, Cebu City		
within 30 calendar days from the completic	n of delivery and receir	nt of Rilling Statement
5. Terms of Payment: / Sales Invoice.		
6. Liquidated Damages/Penalty: One-tenth of one percent for ev		
7. In case of discrepancy between total price per item and unit price f	r the item as extended o	r multiplied
by the quantity of that item, the latter shall prevail.		\
8. Warranty Period, if applicable:		
		/
	BRYAN/C. I	
	Canva	sser
I am interested to quote and agree to the terms and conditions.	V	
(Signature over Printed Name of Supplier /		
(Signature over Printed Name of Supplier /		



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office VII, Cebu City

	RFQ No.:	DSWD7-2021-1424			
	Date:	December 10, 2021			
Company Name					
Company Address					
Contact Person					
Contact No.					
PhilGEPS Registration No.:					

Item No.	Qty.	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
1	1000	piece	Carbocisteine Capsule 500mg				
2	1000	piece	Paracetamol 500mg tablet				
3	1000	piece	Phenylephrine HCl non drowsy 10mg tablet				
4	1000	piece	Loperamide 2mg capsule				
5	1000	piece	Diclofenac Sodium 100mg				
6	100	bottle	Eye Drops 10ml				
7	1000	piece	Phenylpropanolamine HCl 15mg capsule				
8	1000	piece	Mefenamic Acid 500mg				
9	140	bottle	Antiseptic Wound Solution 7.5ml				
10	140	bottle	Hydrogen Peroxide 6% Solution 120ml				
11	32	box	Adhesive Bandage 50pcs per box				
12	140	roll	Elastic Bandage Skin Color			***************************************	1
13	100	pack	Cotton Balls 50s				
14	500	bottle	Alcohol 70% Isoprophyl 100ml				
15	140	bottle	Eucalyptus Oil 5ml				
16	100	bottle	Menthol Camphor Oil, extra strength 25ml				
17	100	tube	Burn Ointment 15grams				
18	100	roll	Medical Adhesive Surgical Transparent Tape				
19	18	piece	Surgical Scissors, Straight 5.5"				
20	400	box	Vitamin C 100pcs per box				
	L	L	Total:				

Approved Budget for the Contract: Php 294,220.00

End User:

Purpose:

Pantawid

For Pantawid Medical Supplies use.

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

BRYAN C. LAGARE
Canvasser

Note: "Bidder's Specifications" column may be filled up with supplier's offer (brand, model, origin) or may copy "Articles/Description" stated if applicable.

Signature of Supplier / Authorized Representative Over Printed Name