



**REQUEST FOR QUOTATION  
 SHOPPING**

RFQ No. : DSWD7-2021-1438  
 Date : December 14, 2021

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/s a duly notarized certification to this effect.

Interested supplier/s are required to submit true copies of their valid **Mayor's Permit & 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; **233-0261**; 231-2172 local 140 or 148 or e-mail to bac.fo7@dswd.gov.ph on or before **December 20, 2021 at 5:00pm.**

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 calendar from receipt and conformity of Purchase Order.
4. Place of Delivery: **DSWD Field Office VII, Carreta, Cebu City**
5. Terms of Payment: **within 30 calendar days from the completion of delivery and 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: \_\_\_\_\_

**IAN B. MAESTRADO**  
 Canvasser

I am interested to quote and agree to the terms and conditions.

\_\_\_\_\_  
 (Signature over Printed Name of Supplier /  
 Authorized Representative)



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

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Item No.	Qty.	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
1	320	box	Vitamins/Mineral Capsule, at least 560mg Sodium Ascorbate / 25mg Zinc, FDA Approved, 100caps/box.				
Approved Budget for the Contract: <b>Php 144,000.00</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.			
End User: <b>GS</b>		Purpose : <b>PPEs for DSWD Field Office VII staff in response to Covid-19 Pandemic.</b>					

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

\_\_\_\_\_  
 Signature of Supplier / Authorized Representative  
 Over Printed Name

*(Signature)*  
**IAN B. MAESTRADO**  
 Canvasser