



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. : DSWD7-2022-0938  
 Date : June 7, 2022

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 service providers are required to submit true copies of their valid **Mayor's/Business Permit & Philgeps Registration Number** upon submission of quotation.

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 **June 10, 2022 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: **Regional Haven for Women, AVRC Compound, Camomot Franza Road, Brgy. Labangon, Cebu City**
5. Terms of Payment: **within 30 days from the receipt of billing statement.**
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: \_\_\_\_\_

  
**BONAPARTE D. CASEÑAS II**  
 Canvasser

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

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



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

Company Name \_\_\_\_\_  
 Company Address \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Contact No. \_\_\_\_\_  
 PhilGEPS Registration No.: \_\_\_\_\_  
 Tin Number: \_\_\_\_\_

RFQ No. DSWD7-2022-0938

Date: June 7, 2022

Item No.	Quantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
1	100	capsule	Mefenamic acid, 500mg non-steroid, anti-inflammatory				
2	5	set	Nebulizing kit with mask, size: adult				
3	1	piece	Compressor Nebulizer, with complete accessories: Compressor, Nebulizer kit, air tube, mouthpiece, masks, spare air filters, instruction manual, carrying case, etc.				
4	4	box	Powder-Free Vinyl Gloves, Latex Free, Non-sterile, Large size, 100 Gloves/box by weight				
5	10	bottle	Parecetamol, Syrup, 250mg/5ml/60ml				
6	10	bottle	Parecetamol, anagesic antipyretic Oral Drops 30ml				
7	50	bottle	Ambroxol HCl Syrup, 2mg/5ml, 60ml				
8	50	bottle	Ambroxol HCl Oral Drops 7.5mg/ml, 15ml				
9	500	capsule	Parecetamol, 500mg				
10	65	bottle	Ascorbic Acid Plus Zinc Syrup 100mg/10mg, 250ml				
11	50	bottle	Ascorbic Acid Oral Drops 100mg/ml, 15ml				
12	30	box	Ascorbic Acid 500mg, capsule				
13	100	capsule	Loperamide. 2mg				
14	10	bottle	Liniment Oil, 100ml				
15	20	nebule	Salbutamol nebule, 1mg/ml, 2.5ml				
16	200	tablet	Phenylpropanolamine Hydrochloride + Chlorphenamine Maleate + Paracetamol, 25mg/2mg/325mg				
17	20	bottle	Povidone iodine solution skin disinfection, 120ml				
18	40	pack	Sterile Gauze Swab, 4"x4" x 12 ply				
19	20	pack	Non-sterile Gauze Swab, 4"x4" x 8 ply 100 pieces/pack				
20	15	roll	Microphore Surgical Tape, 1" x 10 yd				

Item No.	Quantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
21	50	tablet	Cetirizine, 10mg				
22	300	capsule	Carbocisteine, 500mg				
23	200	tablet	Ibuprofen paracetamol, 500mg				
24	100	vial	Erceflora, 2B suspension / 5ml				
25	3	pack	Cotton Applicator, (100's)				
26	1	box	Sterile Tongue Depressor, 100's				
27	4	piece	Mupirocin ointment 20mg/g, 5g				
28	10	piece	Fluocinonide cream 250mcg/g, 10g				
29	50	sachet	Oral Rehydration Salts				
30	20	bottle	Ferrous Sulfate, 325mg, 100 tablets				
<b>Total:</b>							
<b>Approved Budget for the Contract: Php 76,760.00</b>				Note: "Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			
End User: <b>Regional Haven for Women</b>							
PURPOSE : <b>for CY 2022 consumption of Regional Haven for Women Residents.</b>							

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

  
**BONAPARTE D. CASEÑAS II**  
 Canvasser

Signature of Supplier / Authorized Representative Over  
 Printed Name