



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. : **DSWD7-2022-1860**  
Date : **November 23, 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 **November 28, 2022 at 5:00PM.**

Very truly yours,

  
**ENGR. EMMANUEL M. EDLES**  
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 calendar from receipt and conformity of Purchase Order.**
- Place of Delivery: **VDRC, TINGUB, MANDAUE CITY CEBU**
- Terms of Payment: **within 30 days from the receipt of billing statement.**
- 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: \_\_\_\_\_

  
**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: \_\_\_\_\_

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Item No.	Quantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
1	4	piece	<b>Supply and Delivery of Tire for the Hino Wing Van</b>				
			<ul style="list-style-type: none"> <li>• Tire</li> <li>• Size: 10 R20, Miler, 16PR with Flaps and Inner Tubes</li> </ul> <p><b>Payment:</b> Shall be processed after delivery is completed and the required documents are submitted.</p>				
<b>Approved Budget for the Contract: Php 175,000.00</b>				<b>Note:</b> "Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			
End User: <b>VDRC</b>							
<b>PURPOSE : Replacement of tires of Hino Wing Van</b>							

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

*Bonaparte D. Caseñas II*  
**BONAPARTE D. CASEÑAS II**  
 Canvasser

Signature of Supplier / Authorized Representative  
Over Printed Name

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