



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. : DSWD7-2023-0785  
 Date : May 24, 2023

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 **May 29, 2023 at 5:00PM.**

Very truly yours,

**ENGR. EMMANUEL M. EDLES**  
 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 FO VII, Corner M.J. Cuenco Avenue and Gen. Maxilom Ext., Carreta, 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 DCI*  
**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)



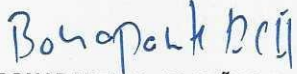
DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT  
Field Office VII, Cebu City

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

RFQ No. **DSWD7-2023-0785**Date: **May 24, 2023**

Item No.	Quantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
			<b>Supply and Delivery of Mobile Pedestal and Office/Clerical Chair</b>				
1	5	unit	<b>Mobile Pedestal</b> <b>Specifications:</b> <ul style="list-style-type: none"> <li>• 3 drawers including 1 central lock, 1 pen try</li> <li>• 1 file divider and 5 castors</li> <li>• Steel with powder coating (gray)</li> <li>• Dimension: 40 (w) x 56.5(d) x 65.6(h) cm</li> </ul>				
2	44	unit	<b>Office/Clerical Chair</b> <b>Specifications:</b> <ul style="list-style-type: none"> <li>• Ergonomic, Midback</li> <li>• Mesh Type with Armrest and gaslift</li> <li>• Chrome Metal Base with 5-Casters</li> <li>• Color: Black</li> </ul>				
<b>Approved Budget for the Contract: Php 242,500.00</b>				Note: "Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			
End User: <b>FMD-BUDGET &amp; PMS</b>							
<b>PURPOSE :</b> For the use of Budget, ICTMS and Procurement Management Section Staff							

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