



**REQUEST FOR QUOTATION**  
**SHOPPING**

RFQ No. : DSWD7-2021- 0297  
 Date : March 10, 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; 232-0261; 231-2172 local 140 or 148 or e-mail to bac.fo7@dswd.gov.ph on or before **March 15, 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 FO VII, Cebu City
5. Terms of Payment: within 30 calendar days from the 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: \_\_\_\_\_

  
**GLORYMAE CUYOS**  
 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

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact No. \_\_\_\_\_

PhilGEPS Registration No.: \_\_\_\_\_

RFQ No.: DSWD7-2021 - 0297

Date: March 10, 2021

Item No.	Qty.	Unit	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
1	150	pc	FACE SHIELD, Direct splash protection, with eyeglass				
2	2,000	pc	SURGICAL MASK, 3ply				
3	150	bottle	ALCOHOL, Ethyl, 68% - 72%, scented, 500ml				
4	5	can	DISINFECTANT SPRAY, Aerosol type, 400grams min. content				
5	150	box	VITAMINS, Ascorbic Acid with Zinc, 500mg. Min. capsule, 100pcs/box, FDA approved				
			<b>Total:</b>				
Approved Budget for the Contract: <b>Php 85,550.00</b>							
End User: <b>Supplemental Feeding Program (SFP)</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.			
Purpose : COVID-19 response items will be distributed to selected DSWD Field staff in support to the SFP Cycle 11 implementation.							

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

  
**GLORYMAE CUYOS**  
 Canvasser

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