

DSWD DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office VII

re and Development Corner M.J. Cuenco and Gen. Maxilom Ave., Cebu City

REQUEST FOR QUOTATION SHOPPING

	RFQ No. : DSWD7-2021- 0324
	Date : March 12, 2021
Company Name :	
	
Company Address :	
Contact Person :	
Contact No. :	
PhilGEPS Registration No.:	_
Sir/Madam:	
Please quote your government price/s including deliverage expenses for the goods listed in Annex A. Failure to it kindly furnish us with descriptive brochures, catalogue	rery charges, VAT or other applicable taxes, and other incidental ndicate information could be the basis for non-compliance. Also, es, literatures and/or samples, if applicable.
If you are the exclusive manufacturer, distributor or attach in your quotation/s a duly notarized certification	agent in the Philippines for the goods listed in Annex A , please n to this effect.
Interested supplier/s are required to submit true copie Number upon submission of quotation/s.	es of their valid Mayor's Permit & Philgeps Registration
Please accomplish and submit this form together DSWD Field Office VII, Cebu City or send it throug 140 or 148 or e-mail to bac.fo7@dswd.gov.ph on or	with Annex A and Bank Information to the BAC Secretariat, h facsimile numbers (032) 233-8785; 232-0261; 231-2172 local before March 16, 2021 at 5:00pm.
	Very truly yours,
	MM
	ROSARIO P. BACONG
	AO V/Head, Procurement Management Section
Terms and Conditions: 1. Award shall be made on per: item basis 2. Quotation validity shall be not less than 60 calend	total quoted price lot basis
Good/s or Services shall be delivered within 30 da Place of Delivery: DSWD FO VII, Cebu City	ays calendar from receipt and conformity of Purchase Order.
	om the receipt of Billing Statement / Sales Invoice.
S. Limited Demogra/Papalty: One-tenth of on	e percent for everyday of delay shall be imposed.
7. In case of discrepancy between total price per iter by the quantity of that item, the latter shall prevail. 8. Warranty Period, if applicable:	m and unit price for the item as extended or multiplied
I am interested to quote and agree to the terms and	conditions.
. d missesse is farm and a	
	_
(Signature over Printed Name of Supplier / Authorized Representative)	

POSWD DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Company N Company A Contact Per Contact No PhilGEPS F	Company Name Company Address Contact Person Contact No. PhilGEPS Registra	Company Name Company Address Contact Person Contact No. PhilGEPS Registration No.:			RFQ N Date:	RFQ No.: DSWD7-2021- 0324 Date: March 12, 2021	021- 0324 2021
Item No.	Qty.	Unit	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
_	310	bottle	ALCOHOL, ethyl, 68%-72%, scented, 500ml				
2	g	bottle	ALCOHOL, isopropyl, 70% solution, with active germ defense, antiseptic, disinfectant, with Vitamin E, Moisturizer, Tea Tree Oil, 500ml				
ω	50	рс	FACE SHIELD, direct splash protection				
4	200	рс	GLOVES, nitrile				
5	100	pc	GLOVES, premium latex				
6	50	bottle	HAND SANITIZER, liquid, 500ml				
7	40	bottle	HAND SOAP, liquid 500ml				
8	383	рс	MASK, KN95				
9	22,250	pc	MASK, Surgical, 3-ply				
10	90	pack	TOILET TISSUE PAPER, 2-Ply Sheet, 150 pulls, 12 rolls/pack				
Appro	/ed Budge	t for the C	Approved Budget for the Contract: Php 434,291,70	Note: "Bidder's Sponsoffer (brand, mode	Note: "Bidder's Specifications" column may be filled up with supplier' offer (brand, model, origin) or may copy "Articles/Description" stated	ay be filled up Articles/Descri	with supplier's ption" stated if
End L	ser: PAI	NS, DRM	End User: PAMS, DRMD, SLP, Socpen, Soctech, PPD		applicable.		
Purpose :		For Office staff use.	staff use.				

Signature of Supplier / Authorized Representative
Over Printed Name

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

