



REQUEST FOR QUOTATION
SHOPPING

RFQ No. : DSWD7-2021- 0473
 Date : April 15, 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 **April 20, 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: AVRC, Camomot Compound, Franza St., Labangon, 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: _____


CECILE ALEGARBES
 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

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Item No.	Qty.	Unit	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
1	300	capsule	Meferamic Acid, 500mg, non-steroidal, anti-inflammatory				
2	10	bottle	Paracetamol, pain reliever and fever reducer, syrup, 250mg/5ml/60ml				
3	10	bottle	Paracetamol, pain reliever and fever reducer, analgesic antipyretic drops 30ml				
4	50	case	Salbutamol syrup, 2mg/5ml/60ml				
5	500	capsule	Paracetamol, 500mg				
6	50	bottle	Ascorbic Acid syrup, 500ml				
7	75	bottle	Ascorbic Acid Drops, 30ml				
8	75	bottle	Multivitamins, mineral syrup, 120ml				
9	150	capsule	Loperamide, 2mg				
10	20	bottle	Liniment Oil, 100ml				
11	20	nebule	Salbutamol Nebule, 1mg/ml, 2.5ml				
12	300	capsule	Decongestant Capsule				
13	20	bottle	Povidone Iodine Solution skin disinfection, 120ml				
14	50	pc	Gauze Pad, sterile, 8ply of 4x4 per pack				
15	15	roll	Micropore Surgical Tape, 1" x 10 yard				
16	50	tablet	Cetirizine, 10mg				
17	300	capsule	carboocisteine, 500mg				
18	200	tablet	Ibuprofen Paracetamol, 500mg				
19	200	vial	Bacillus clausii probiotic, 2B suspension/ 5ml				
20	3	pack	Cotton Applicator Sterile, (100's)				
			Total:				
Approved Budget for the Contract: Php 95,740.00							
End User: Regional Haven for Woman							
Purpose : For the Regional haven for Woman Residents use							
Note: "Bidder's Specifications" column may be filled up with supplier's offer (brand, model, origin) or may copy "Articles/Description" stated if applicable.							

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

Signature of Supplier / Authorized Representative
Over Printed Name

CECILE MEGARBES
Canvasser