



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. : DSWD7-2021- 0494

Date : April 21, 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 27, 2021 at 5:00pm**.


Very truly yours,


ROSARIO P. BACONG

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: DSWD Field Office VII, Cebu City
- Terms of Payment: within 30 calendar days from the receipt of Billing Statement / Sales Invoice.
- 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: _____


LEIF WAYNE YOUNG
Canvasser

I am interested to quote and agree to the terms and conditions.

(Signature over Printed Name of Supplier /
Authorized Representative)


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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
			CELLCARDS				
1	156	pc	Globe 300				
2	120	pc	TM 300				
3	408	pc	Smart 300				
			Total:				
Approved Budget for the Contract: Pnp 205,200.00				Note: "Bidder's Specifications" column may be filled up with supplier's offer (brand, model, origin) or may copy "Articles/Description" stated if applicable.			
End User: CIS							
Purpose : Communication load provision for AICS Staff for CY 2021							

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

 Signature of Supplier / Authorized Representative
 Over Printed Name

LEIF WAYNE YOUNG
 Canvasser