



REQUEST FOR QUOTATION
SHOPPING

RFQ No. : DSWD7-2021- 0425
 Date : April 6, 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 13, 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: _____


ROLAND MESTERIO
 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- 0425
 Date: April 6, 2021

| Item No. | Qty. | Unit | Articles / Descriptions | Statement of Compliance (State "Comply" or "Not Comply") | Bidder's Specifications | Unit Cost | Total Cost |
|--|------|--------|--|--|-------------------------|-----------|------------|
| 1 | 16 | bottle | Povidine-Iodine solution, 120 ml, antiseptic 10% (known brand) | | | | |
| 2 | 16 | pack | Cotton balls, 300 balls (known brand) | | | | |
| 3 | 48 | pack | Gauze Pad 3x3, 12 ply (known brand) | | | | |
| 4 | 32 | sachet | Calamine+zinc ointment, 35 g (known brand) | | | | |
| 5 | 492 | tablet | Paracetamol table,t 500mg (known brand) | | | | |
| 6 | 480 | tablet | Nasal decongestant tablet, (known brand) | | | | |
| 7 | 480 | tablet | Pain reliever (known brand) analgesic, non-steroidal, anti-inflammatory (500 mg) | | | | |
| 8 | 480 | tablet | Antacid, 300 mg (known brand) | | | | |
| 9 | 329 | box | Ascorbic Acid, 500 mg, 100 tablets (known brand) | | | | |
| 10 | 528 | tablet | Cough and Colds medication, 500 mg (known brand) | | | | |
| 11 | 16 | pc | Bandage scissor | | | | |
| 12 | 36 | roll | Adhesive medical tape, 24mm x 5 m (micropore) | | | | |
| 13 | 64 | box | Elastic bandages (known brand) | | | | |
| | | | Note: expiration date- March 2023 | | | | |
| | | | Total: | | | | |
| Approved Budget for the Contract: Php 267,040.00 | | | | | | | |
| End User: PANTAWID | | | | | | | |
| Purpose : For Pantawid staff medicine and medical supplies | | | | | | | |

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

Note: "Bidder's Specifications" column may be filled up with supplier's offer (brand, model, origin) or may copy "Articles/Description" stated if applicable.

Signature of Supplier / Authorized Representative _____

ROLAND MESTERIO
 Canvasser