DSWD

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- 0577-A

Date   : May 25, 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.
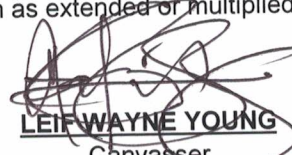
Please accomplish and submit this **form** together with **Annex A** and **Bank Information** to the BAC Secretariat, DSWD Field Office VII, Cebu City or send it through facsimile numbers (032) 233-8785; 232-0261; 231-2172 local 140 or 148 or e-mail to bac.fo7@dswd.gov.ph on or before **May 28, 2021 at 12:00pm.**

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 Field Office 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: _____

LEIF WAYNE YOUNG
Canvasser

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

_____
(Signature over Printed Name of Supplier /
Authorized Representative)

DSWD
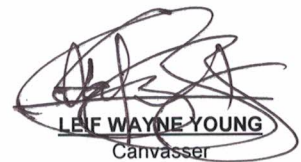*Department of Social Welfare and Development*

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	163	pack	HYGIENE KIT FOR SENIOR CITIZENS				
			Bath Soap, 125g - 2pcs				
			Shampoo Sachet, 15ml/sachet -12sachets				
			Adult Toothbrush - 1pc				
			Alcohol, 70%, ethyl, 250ml/bottle - 1bottle				
			Toothpaste, 50ml/tube - 1tube				
			Disposable Face mask, N88, 25pcs/pack - 1pack				
			Tissue paper twin pack, 2-ply individually pack - 1pack				
			Cotton buds, 50tips/pack - 1pack				
			Face towel, 12" x 12", cotton - 2pcs				
			Plastic comb, medium size - 1pc				
			Nail cutter, large size - 1pc				
			Cologne 50ml/bottle - 1bottle				
			Adult nutritional milk powder, 600g - 1pack				
			Adult disposable diaper 10pcs/pack - 1pack				
			Note:All items per kit are packed in a clear PVC bag with handle (featured with good thermal resistance, strong and high durability) with zipper.				
			Printed with DSWD Logo, colored in 2" height x 2", "Hygiene Kit Not for Sale" in 1 1/2" height				

Approved Budget for the Contract: **Php 179,300.00**

End User: **Social Pension Program (SOCPEN)**

Purpose : Provision of Hygiene Kit for Identified Senior Citizens

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.

LEIF WAYNE YOUNG
Canvasser

_____
Signature of Supplier / Authorized Representative
Over Printed Name