

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office VII

Department of Social Welfare and Development Corner M.J. Cuenco and Gen. Maxilom Ave., Cebu City

REQUEST FOR QUOTATION SHOPPING

		rs,	RFQ No.	: DSWD7-2021- 0774
		1 1	Date	: July 6, 2021
Company Name				
Company Address	· · · · · · · · · · · · · · · · · · ·			
Contact Person				
Contact No.	-			
PhilGEPS Registration	n No.:			
Sir/Madam:		in the second		
expenses for the good		ndicate informati	on could be	pplicable taxes, and other incidental the basis for non-compliance. Also, s, if applicable.
	e manufacturer, distributor or a n/s a duly notarized certification	•	ppines for t	he goods listed in Annex A , please
Interested supplier/s Number upon submis		opies of their va	lid Mayor's	Permit & Philgeps Registration
DSWD Field Office V		n facsimile numb	ers (032) 2	formation to the BAC Secretariat, 33-8785; 233-0261; 231-2172 local om.
			Very tru	ily yours,
			577 184 - 65 197 85 85	Phone Sepanni
		165		O P BACONG
		144	AO V/He	ead, Procurement Management Section
Terms and Condition	ns:			_
1. Award shall be mad	le on per: item basis	v total quoted	price	lot basis
	hall be not less than 60 calenda			•
-	shall be delivered within 30 day		receipt and	conformity of Purchase Order.
4. Place of Delivery:	DSWD Field Office VII, Brgy.			•
	within 30 calendar days from			tement / Sales Invoice.
6. Liquidated Damage	es/Penalty: One-tenth of one	nercent for eve	ryday of de	elay shall be imposed.
7 In case of discrena	ncy between total price per item	and unit price fo	r the item a	s extended or multiplied
by the quantity of the	nat item, the latter shall prevail.	Food 1		
8. Warranty Period, if				MA
o. Warranty Forlow, ii	<u></u>	W	,	
			4	HEE WAYNE YOUNG
				Canvasser
I am interested to quo	te and agree to the terms and c	onditions.		
		7) 100		
	District Name of Consultant			
	over Printed Name of Supplier / norized Representative)			
Auti	ionzed Nepresentative)	Page 1 of 2		



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Con	manu Na	ony Name			RFQ No.: Date:	DSWD7-2021- 07 July 6, 2021			
Cont Cont	mpany Name mpany Addre ntact Person ntact No. GEPS Regis	ress).;			- - -			
Item No.	Qty.	Unit of Measure	The state of the s			Bidder's Specifications	Unit Cost	Total Cost	
1	100	рс	DATA FILE BOX WITH COVE	ER	"Not Comply")				
			 * With closed ends made of chipboard * Dimension: 6"x12"x12" * Color: Navy blue 						
			e Contract: Php 55,000.00		Note: "Bidder's	s Specification	s" columr	n may be	
End U	End User: Pantawid Pamilyang Pilipino Program (4Ps)				filled up with supplier's offer (brand, model, origin) or may copy "Articles/Description" stated if				

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

Purpose: For Pantawid RPMO and Personnel use for 7S filing of Docs/Supplies.

Signature of Supplier / Authorized Representative Over Printed Name

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applicable.