



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- 0825-B

Date : August 23, 2021

Company Name : \_\_\_\_\_  
Company Address : \_\_\_\_\_  
Contact Person : \_\_\_\_\_  
Contact No. : \_\_\_\_\_  
PhilGEPS Registration No.: \_\_\_\_\_

Sir/Madam:

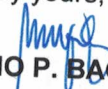
Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in Annex A. Failure to indicate information could be the basis for non-compliance. Also, kindly furnish us with descriptive brochures, catalogues, literatures 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; 233-0261; 231-2172 local 140 or 148 or e-mail to bac.fo7@dswd.gov.ph on or before August 27, 2021 at 5:00pm.

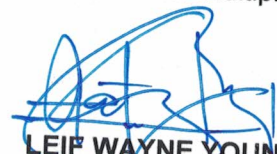
Very truly yours,

  
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: DSWD Field Office VII, Brgy. Caretta, 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**  
Cavvasser

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

\_\_\_\_\_  
(Signature over Printed Name of Supplier /  
Authorized Representative)

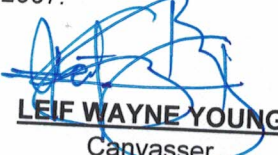
**DSWD** DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT  
 Department of Social Welfare and Development  
 Field Office VII, Cebu City

RFQ No.: DSWD7-2021- 0825-E  
 Date: August 23, 2021

Company Name \_\_\_\_\_  
 Company Address \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Contact No. \_\_\_\_\_  
 PhilGEPS Registration No.: \_\_\_\_\_

Item No.	Qty.	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
1	2,000	ream	<b>PAPER, MULTI PURPOSE (COPY) A4 70 GSM</b>				
Approved Budget for the Contract: <b>Php 420,000.00</b>				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: <b>Pantawid Pamilyang Pilipino Program (4Ps)</b>							
Purpose : For Pantawid Region VII office supplies							

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