



REQUEST FOR QUOTATION
SHOPPING

RFQ No. : DSWD7-2021- 0970
 Date : August 16, 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 20, 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, Brgy. Carreta, 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
 Carvasser

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 _____
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| Item No. | Qty. | Unit of measure | Articles / Descriptions | Statement of Compliance (State "Comply" or "Not Comply") | Bidder's Specifications | Unit Cost | Total Cost |
|--|------|-----------------|---|---|-------------------------|-----------|------------|
| 1 | 14 | pcs | <p>Wall Mounted Medicine Cabinet</p> <p><i>Specification:</i></p> <ul style="list-style-type: none"> * Transparent Glass Door with lock and with redcross sticker * 3 Layershelf * Metal Body * Dimensions: 31cm (L) x 60cm (H) x 16cm (W) * Color off white, (ivory) | | | | |
| Approved Budget for the Contract: Php 63,000.00 | | | | 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: Pantawid Pamilyang Pilipino Program (4Ps) | | | | | | | |
| Purpose: Medicine and Medical Supplies storage for Pantawid Staff use. | | | | | | | |

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


ROLAND MESTERIO
Canvasser

Signature of Supplier / Authorized
Representative
Over Printed Name