



**REQUEST FOR QUOTATION**  
**SHOPPING**

RFQ No. : DSWD7-2020- 1520  
 Date : December 18, 2020

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.

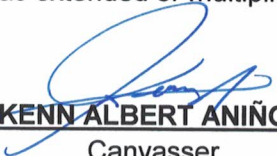
Please accomplish and submit this **form** together with **Annex A** and **Bank Information** to the BAC Secretariat, DSWD Field Office VII, Cebu City or send it through facsimile numbers (032) 233-8785; 232-0261; 231-2172 local 140 or 148 or e-mail to bac.fo7@dswd.gov.ph on or before **December 21, 2020 at 12:00nn.**

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 **calendar days** upon receipt and conformity of Purchase Order.
4. Place of Delivery: DSWD FO 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: \_\_\_\_\_

  
**KENN ALBERT ANIÑON**  
 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.: \_\_\_\_\_

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| Item No. | Qty. | Unit | Articles / Descriptions                                 | Statement of Compliance<br>(State "Comply" or<br>"Not Comply") | Bidder's Specifications | Unit Cost | Total Cost |
|----------|------|------|---|--|-------------------------|-----------|------------|
| 1        | 400  | box  | VITAMINS TABLET, Ascorbic Acid, 500mg, 100 capsules/box |  |                         |           |            |

Approved Budget for the Contract: **Php 280,800.00**

Charge to: **SOCIAL PENSION**

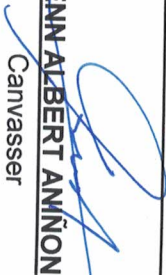
End User: **SOCIAL PENSION**

Purpose : Vitamin supplement for DSWD Field Office staff in response to COVID-19 pandemic

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.

Signature of Supplier / Authorized Representative  
 Over Printed Name

  
**KENN ALBERT ANIÑON**  
 Canvasser