



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. : DSWD7-2023-1554

Date : 11/21/2023

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 17126 or e-mail to [kalahiaf7.procurement23@gmail.com](mailto:kalahiaf7.procurement23@gmail.com) on or before **November 28, 2023 at 11:00 AM**.

Very truly yours,

**ENGR. EMMANUEL M. EDLES**

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, Cebu City**
- Terms of Payment: **within 30 calendar days from the completion of delivery and 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: \_\_\_\_\_

**EDLYN S. CANGQUE**

Cavasser

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

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



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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	59	PACK	FOLDER, LEGAL, WHITE, 100PCS/PACK				
2	124	PIECE	SIGNPEN, TIP 0.50MM , BLACK				
3	100	PIECE	SIGNPEN, TIP 0.50MM , BLUE				
4	31	REAM	PAPER, CERTIFICATE PAPER, A4, 500PCS/REAM, CREAM COLOR				
5	2	PIECE	BALLPEN, BALLPOINT 0.6MM TIP, BLUE, ORDINARY				
						<b>Total:</b>	
<b>Approved Budget for the Contract: Php77,129.00</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: KC-PMNP							
Purpose :		Office Supplies to be used for KC-PMNP CEAC Training activities					

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

**EDLYN S. CANGQUE**  
Canvasser

Signature of Supplier / Authorized Representative  
Over Printed Name