



Department of Social Welfare and Development

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. : RRCY-2020-012-010
Date : December 3, 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 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 7, 2020 at 5:00pm.

Very truly yours,

ROSARIO P. BACONG
AO VI Head, Procurement Mgt. Section

Terms and Conditions:

- 1. Award shall be made on per: [] item basis [x] 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 15 calendar days upon receipt of approved Purchase Order.
4. Place of Delivery: RRCY, Candabong, Argao, Cebu
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:

RAMSEL GASPAR S. MANGILA
cavasser

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.	Quantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
1	20	unit	Blow Mold table, 6 ft., 2.3 inches x 27.4 inches x 29 inches, foldable, 6 seaters, plastic with steel leg				
2	24	unit	Electric fan, ceiling, standard size, 18 inches diameter				
3	6	unit	Stand fan, standard size, 18 inches diameter				
4	10	unit	Wall fan, standard size, 18 inches diameter				
5	1	unit	Refrigerator, Inverter, Energy saver, Two doors, Faster cooling and Efficient Ice cooling, Power input of 60W, Storage volume of 211 l.				
6	1	unit	Rice Cooker for LPG, 50 cups				
7	1	unit	Rice cooker, Electricity powered, 62 cups				
8	3	unit	Water dispenser, hot & cold, 5 gals., capacity with storage cabinet, free standing, compressor type cooling.				
TOTAL							
Approved Budget for the Contract: Php 219,000.00				Note: "Bidder's Specifications" column may be filled up with supplier's offer (brand, model, origin) or may copy "Articles/Description" stated if applicable.			
Charge to: RRCY Special Funds							
End User: RRCY							
Purpose : For residents' use at RRCY, Argao, Cebu							

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


RAMSEL GASPAR S. MANGILA
 canvasser

 Signature of Supplier / Authorized Representative
 Over Printed Name

Service Provider's Bank Information for Payment

Name of Bank:	
Branch:	
Bank Account Name:	
Account No.:	
TIN No.:	

Pls. Check if TIN No. is Vat or Non-Vat

VAT

NON-VAT

note:

Accomplish this form and forward it to BAC Secretariat Office on or before issuance of Notice of Award/PO.

Signature:

Name of authorized representative:

Position:

Date:
