



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. : RSCC-2020-015
Date : October 22, 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/rsc.fo7@dswd.gov.ph on or before **October 27, 2020 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 calendar days** upon receipt of Purchase Order.
- Place of Delivery: **Reception and Study Center For Children, Labangon, 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: _____


NAMFREL E. MAMUGAY
Canvasser

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	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
			Supply and delivery of the following:				
1	10	bottle	Paracetamol, drops, 100mg/ml 30ml				
2	10	bottle	Paracetamol, syrup, 250mg/5ml 60ml				
3	500	tablet	Baclofen, 10 mg, tablet				
4	200	tablet	Topiramate, 25 mg, tablet				
5	5	bottle	Valproic Acid, 250mg/5ml, 120ml				
6	30	bottle	Ferrous Sulfate, drops, 15ml.				
7	20	bottle	Ascorbic Acid, drops, 30ml.				
8	30	bottle	Multivitamins, drops, 30 ml.				
9	30	bottle	Ferrous Sulfate, syrup, 120 ml.				
10	13	bottle	Ascorbic Acid, syrup, 500 ml.				
11	25	bottle	Multivitamins with Zinc, syrup, 240 ml.				
12	25	tube	Mometasone Furoate cream 5 grms.				
13	20	tube	Mupirocin, ointment, 5grms.				
14	98	piece	Zinc oxide + Calamine, cream				
15	30	tube	Benzalkonium Chloride Cetrimide, cream, 55g.				
			TOTAL				
Approved Budget for the Contract: Php 100,000.00				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: RSCC Funds							
End User: Reception and Study Center for Children (RSCC)							

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

MAMPUEL E. MAMUGAY
Canvasser

Signature of Supplier / Authorized Representative
Over Printed Name