



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 : SEP 17 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 you quotation a duly notarized certification to this effect.

Interested supplier/s are required to submit true copies of their valid Mayor's Permit and Philgeps Registration number upon submission of quotation/s.


Please accomplish and submit this form together with **Annex A, Certification and Bank Information** to the BAC Secretariat, DSWD Field Office VII, Cebu City or send it through facsimile numbers (032) 233-8785; 232-0261; 231-2175 local 140 or 148 or e-mail to bac.fo7@gmail.com on or before SEP 22 2020.

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 of Purchase Order.
4. Place of Delivery: DSWD-Reception and Study Center For Children, Labangon Cebu City
5. Terms of Payment: within 30 days from the receipt of Bill 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 that item as extended or multiplied by the quantity of that item, the latter shall prevail.
8. 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 / Bidder)



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Field Office VII, Cebu City

Company Name
 Company Address

RFQ | RSCC-2020-15
 Date: _____

Contact Person
 Contact No.

PhilGEPS Registration no.:

Item No.	Qty.	Unit	Articles / Descriptions	Bidder's Specifications	Unit Cost	Total Cost
10		bottle	Paracetamol drops 100mg/ml 30 ml			
10		bottle	Paracetamol syrup 250mg/5ml 60ml			
500		tablet	Baclofen 10 mg tablet			
200		tablet	Topiramate 25 mg tablet			
5		bottle	Valproic Acid 250mg/ ml 120ml			
30		bottle	Ferrous Sulfate drops 15 ml.			
20		bottle	Ascorbic acid drops 30 ml.			
30		bottle	Multivitamins drops 30 ml.			
30		bottle	Ferrous Sulfate syrup 120 ml.			
13		bottle	Ascorbic acid syrup 500 ml.			
25		bottle	Multivitamins with Zinc syrup 240 ml.			
25		tube	Mometasone Furoate cream 5 grms.			
20		tube	Mupirocin ointment 5grms.			
98		piece	Zinc oxide + Calamine cream			
30		tube	Benzalkonium Chloride Cetrimide cream 55g.			

Approved Budget for the Contract: P100,000.00

Charge to : RSCC Funds

End User: RSCC

Note: "Bidder's Specifications" column may be field up with supplier's offer (brand, model, origin) or may copy "Articles/Description" stated if applicable.

PURPOSE : For RSCCchildren use

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

Nancy M. Mungay
NANCY M. MUNGAY

Canvasser

Signature over Printed Name