



REQUEST FOR QUOTATION
NP- SMALL VALUE PROCUREMENT

RFQ No. : DSWD7-2024-0823
 Date : June 18, 2024

Company Name : _____
 Company Address : _____
 Contact Person : _____
 Contact No. : _____
 PhilGEPS Registration No.: _____

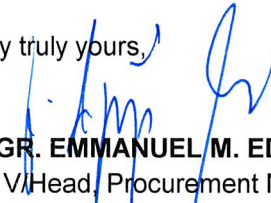
Sir/Madam:

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. An **omnibus Sworn Statement** is required prior to award.

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 140 or 148 or e-mail to bac.fo7@dswd.gov.ph on or before **June 24, 2024 at 1:00PM.**

Very truly yours,

ENGR. EMMANUEL M. EDLES
 AO VI 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 **please refer to Annex A**
- Place of Delivery: **DSWD FO VII, Corner M.J. Cuenco Avenue and Gen. Maxilom Ext., Carreta, Cebu City**
- Terms of Payment: **within 30 days from the receipt of billing statement.**
- 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: _____


CHARL ALBERT J. TORREFIEL
 Canvasser

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

 (Signature over Printed Name of Supplier / Service
 Provider / Authorized Representative)




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

Company Name _____
 Company Address _____
 Contact Person _____
 Contact No. _____
 PhilGEPS Registration No.: _____
 Tin Number: _____

RFQ No. **DSWD7-2024-0823**
 Date: **June 18, 2024**

| Item No. | Quantity | Unit of Measure | Articles / Descriptions | Statement of Compliance (State "Comply" or "Not Comply") | Bidder's Specifications | Unit Cost | Total Cost |
|--|----------|-----------------|---|---|-------------------------|-----------|------------|
| | | | Supply and Delivery of Carton Box-Double Corrugated | | | | |
| 1 | 3,296 | piece | Carton Box-Double Corrugated (15.5 x 12 x 10.5" OD) / 0201-RSC, GLUED INSIDE, BC-2TL, NO PRINT | | | | |
| Approved Budget for the Contract: Php 177,984.00 | | | | Note: "Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable. | | | |
| End User: FMD-ACCTG. | | | | | | | |
| PURPOSE : Accounting - Liquidation Unit and Cash Section use. | | | | | | | |

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


CHARL ALBERT J. TORREFIEL
 Canvasser

Signature of Supplier / Authorized Representative Over
 Printed Name

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