DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Field Office VII
Corner M.J. Cuenco and Gen. Maxilom Ave., Cebu City

## REQUEST FOR QUOTATION NP- SMALL VALUE PROCUREMENT

RFQ No. : DSWD7-2024-0833
Date : June 11, 2024


PhilGEPS Registration No. $\qquad$

## 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, and Latest Income Tax Return 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 email to bac.fo7@dswd.gov.ph on or before June 18, 2024 at 5:00PM.


ENGR. ELMMANUEL M. EDLES
AO Vilead, Procurement Management Section
Terms and Conditions:

1. Award shall be made on per: $\square$ 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 days calendar from receipt and conformity of P.O.
4. Place of Delivery: DSWD FO VII, Corner M.J. Cuenco Avenue and Gen. Maxilom Ext., Carreta, Cebu City
5. Terms of Payment: within 30 days from the receipt of billing statement.
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: $\qquad$

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:

| $\begin{array}{\|c} \text { Item } \\ \text { No. } \end{array}$ | Quantity | $\begin{gathered} \text { Unit of } \\ \text { Measure } \end{gathered}$ | Articles / Descriptions | Statement of Compliance (State "Comply" or "Not Comply" | Bidder's Specifications | Unit Cost | Total Cost |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1 | 199,998 | piece | Supply and Delivery of DSWD Payout Envelope |  |  |  |  |
|  |  |  | Specifications: <br> Dimension: W-24 cm $\times \mathrm{H}-10.5 \mathrm{~cm}$ <br> Printing: Full Color with gummed end flap <br> Note: All design and/or layout will be provided by th Social Marketing Unit. Supplier must provide mock-up copy for approval prior to mass production. <br> Supplier must be within Metro Cebu. <br> Must delivered within 30 days from receipt of Purchase Order. |  |  |  |  |
| Approved Budget for the Contract: Php 999,990.00 |  |  |  | Note: <br> "Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable. |  |  |  |
| End User: |  | ORD-SMU |  |  |  |  |  |
| PURPOSE: For DSWD Program beneficiaries payout envelope. |  |  |  |  |  |  |  |

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

Signature of Supplier / Authorized Representative Over Printed Name


