



**REQUEST FOR QUOTATION
NP- SMALL VALUE PROCUREMENT**

RFQ No. : DSWD7-2024-1436 ✓
Date : October 15, 2024 ✓

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

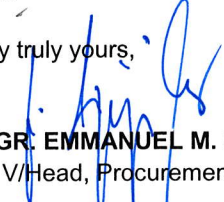
Sir/Madam:

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 and 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 **October 21, 2024 at 3:00PM**.

Very truly yours,

ENGR. EMMANUEL M. EDLES,
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 **on October 30, 2024**
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: _____


CHAR 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. DSWD7-2024-1436 ✓
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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 | |
|---|----------|-----------------|--|--|-------------------------|-----------|------------|--|
| | | | Production and Delivery of SLP Tumbler | | | | | |
| 1 | 310 | pieces | SLP Tumbler Specifications: Material: double-wall glass with handle and lid Size: height 6 inches, 12 inches (circumference) Note: The service provider must provide a sample copy for end user's approval prior to mass production. See attached design. | | | | | |
| Total: | | | | | | | | |
| Approved Budget for the Contract: Php 159,340.00 ✓ | | | | Note: "Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable. | | | | |
| End User: SLP ✓ | | | | | | | | |
| PURPOSE : Advocacy material for SLP Dunong Forum ✓ | | | | | | | | |

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


CHAR ALBERT J. TORREFIEL
 Canvasser

 Signature of Supplier / Authorized Representative Over
 Printed Name

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SLP TUMBLER



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