



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

RFQ No. : DSWD7-2024-1472  
 Date : October 23, 2024

Company Name : \_\_\_\_\_  
 Company Address : \_\_\_\_\_  
 Contact Person : \_\_\_\_\_  
 Contact No. : \_\_\_\_\_  
 PhilGEPS Registration No.: \_\_\_\_\_

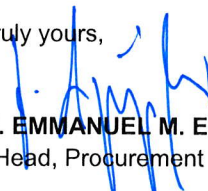
**Sir/Madam:**

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 **October 28, 2024 at 5:00PM**.

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 **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: \_\_\_\_\_

  
**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. **DSWD7-2024-1472**  
 Date: **October 23, 2024** ✓

Item No.	Quantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
<b>Production and Delivery of Advocacy Polo Shirt</b>							
1	105 ✓	pcs ✓	<b>Red Polo Shirt</b> ✓				
2	69 ✓	pcs ✓	<b>Black Polo Shirt</b> ✓				
			<b>Specifications:</b> <b>Polo Shirt:</b> 2 buttons; ribbed collar & cuff sleeves <b>Type of fabric:</b> 100% cotton, pinhole <b>Logos:</b> > DSWD Logo embroidered on the upper left side of the shirt (front side) > Bagong Pilipinas Logo embroidered at the upper back portion of shirt > Inclusive of lay-out (design to be given by the end user). <b>Size:</b> Mens Fit * See attached quantity per size reference > Supplier must provide sample of the printed polo shirt for approval prior to mass production. Delivery Point : DSWD FO VII				
<b>Total:</b>							
<b>Approved Budget for the Contract: Php 104,400.00</b> ✓				<b>Note:</b> "Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			
End User: <b>PSD-SFP</b> ✓							
<b>PURPOSE :</b> Purchase of Advocacy Shirt for SFP Stakeholders. ✓							

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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**Red Polo Shirt – 105 pieces**

SIZES	QUANTITY PER SIZE
Small	45
Medium	30
Large	18
XL	10
XXL	2

**Black Polo Shirt – <sup>69</sup>105 pieces**

SIZES	QUANTITY PER SIZE
Small	30
Medium	17
Large	10
XL	9
XXL	3

**Red Polo Shirt – 105 pieces**

<b>SIZES</b>	<b>QUANTITY PER SIZE</b>
Small	45
Medium	30
Large	18
XL	10
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**Black Polo Shirt – <sup>69</sup>105 pieces**

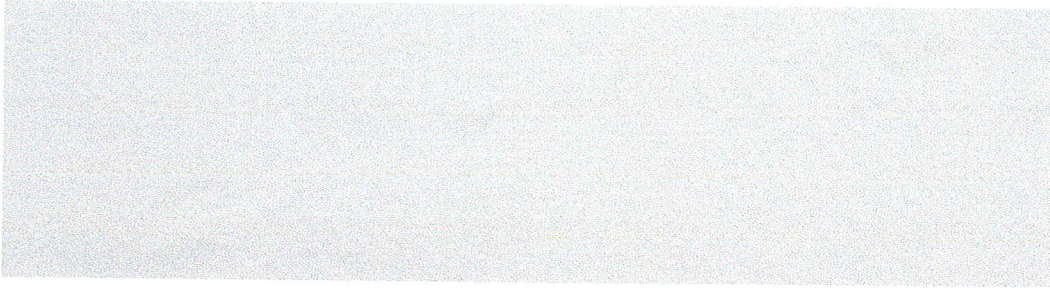
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Small	30
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XL	9
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PN

10/15/24, 6:14 PM

NOURISH THE CHILD, NOURISH THE FUTURE. (2).png



*Handwritten initials or signature.*