



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. : **DSWD7-2025-0405**  
Date : **March 25, 2025**

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

**Sir/Madam:**

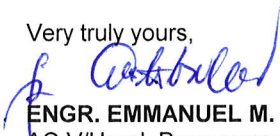
Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in Annex A. Failure to indicate information could be the basis for non-compliance. Also, kindly furnish us with descriptive brochures, catalogues, literatures 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) 887-9720; 233-0261; 231-2172 local 17140 or 17110 or e-mail to bac.fo7@dswd.gov.ph on or before **March 31, 2025 at 5:00PM**.

Very truly yours,

  
**ENGR. EMMANUEL M. EDLES**  
AO V/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.: DSWD7-2025-0405

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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
			<b>Supply and Delivery of BUS Form</b>				
1	240	ream	<b>BUS FORM</b>  <b>Specification:</b> <ul style="list-style-type: none"> <li>• 2 pages back to back black printing</li> <li>• Long size bondpaper 70 GSM white</li> <li>• Pack in 500 sheets per reams for the delivery</li> </ul>				
<b>Total:</b>							
<b>Approved Budget for the Contract: Php 120,000.00</b>				<b>Note:</b>			
End User: <b>PANTAWID</b>				"Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			
<b>PURPOSE : For distribution of Forms of Pantawid Region VII CY 2025</b>							

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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Date Filed: \_\_\_\_\_

- Instructions:** 1. The household grantee shall properly fill-out this form. **Fill out only the section that is applicable.**  
2. Please refer to Types of Updates at the back for the details of the supporting documents.  
3. Updates related to payments should be prioritized for updating. This is to ensure the maximum amount of grants will be received by the household.  
4. Ensure to secure a copy of Acknowledging Receipt once this form submitted to the Pantawid Personnel.

**PART I - TO BE FILLED OUT BY THE HOUSEHOLD GRANTEE**

**A. HOUSEHOLD AND PERSONAL DATA**

GRANTEE NAME		LAST NAME	FIRST NAME	MIDDLE NAME	EXTENSION NAME
HOUSEHOLD ID NUMBER		ADDRESS		HOUSE NO.	STREET/PUROK/SITIO
ADDRESS		BARANGAY	CITY/MUNICIPALITY	PROVINCE	REGION

**B. DATA CHANGE/CORRECTION/UPDATING**

<b>NEWBORN AND/OR ADDITIONAL HOUSEHOLD MEMBER</b>					
1 <input type="checkbox"/>		NAME OF CHILD:		LAST NAME	FIRST NAME
8 <input type="checkbox"/>		DATE OF BIRTH (MM/DD/YYYY):		SEX:	DISABLED? <input type="checkbox"/> Yes <input type="checkbox"/> No
		NAME OF PARENT IN THE FAMILY ROSTER:		RELATIONSHIP TO HH HEAD:	
		ATTENDING SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No, Reason for Not Attending:			
		NAME OF SCHOOL:		ADDRESS OF SCHOOL:	
		NAME OF HEALTH FACILITY:		ADDRESS OF HEALTH FACILITY:	
<b>CHANGE OF ADDRESS</b>					
2 <input type="checkbox"/>		REGION:		FROM	TO
3 <input type="checkbox"/>		PROVINCE:			
		CITY/MUNICIPALITY:			
		BARANGAY:			
		STREET/PUROK/SITIO:			
<b>CHANGE OF HEALTH FACILITY</b>					
4 <input type="checkbox"/>		NAME OF MEMBER:		FROM	TO
		ATTENDING: <input type="checkbox"/> Yes <input type="checkbox"/> No, Reason for Not Attending:			
		NAME OF FACILITY:			
		ADDRESS:			
		TYPE OF FACILITY:			
		NAME OF MEMBER:			
		ATTENDING: <input type="checkbox"/> Yes <input type="checkbox"/> No, Reason for Not Attending:			
		NAME OF FACILITY:			
		ADDRESS:			
		TYPE OF FACILITY:			
<b>CHANGE OF EDUCATION INFORMATION</b>					
5 <input type="checkbox"/>		1. NAME OF CHILD WITH CORRECTION OF EDUCATION INFORMATION:		(Last Name, First Name, Middle Name, Extension Name)	
		ATTENDING SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No, Reason for Not Attending:			
		NAME OF SCHOOL:		FROM	TO
		ADDRESS OF SCHOOL:			
		GRADE LEVEL:			
		2. NAME OF CHILD WITH CORRECTION OF EDUCATION INFORMATION:		(Last Name, First Name, Middle Name, Extension Name)	
		ATTENDING SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No, Reason for Not Attending:			
		NAME OF SCHOOL:		FROM	TO
		ADDRESS OF SCHOOL:			
		GRADE LEVEL:			
		3. NAME OF CHILD WITH CORRECTION OF EDUCATION INFORMATION:		(Last Name, First Name, Middle Name, Extension Name)	
		ATTENDING SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No, Reason for Not Attending:			
		NAME OF SCHOOL:		FROM	TO
		ADDRESS OF SCHOOL:			
		GRADE LEVEL:			

Beneficiary's Copy			City/Municipal Link's Copy			
Date Filed: _____			Date Filed: _____			
<b>ACKNOWLEDGEMENT RECEIPT</b>			<b>ACKNOWLEDGEMENT RECEIPT</b>			
Name of Beneficiary: _____ HH ID No.: _____			Name of Beneficiary: _____ HH ID No.: _____			
Type of Update	Field Updated	Change To	Type of Update	Field Updated	Change To	Remarks
Signature Over Printed Name of Grantee (Thumb mark if the Grantee cannot write)			Signature Over Printed Name of Grantee (Thumb mark if the Grantee cannot write)			Date Received
Signature Over Printed Name of DSWD Personnel Representative and Designation			Signature Over Printed Name of DSWD Personnel Representative and Designation			Date Received



