



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. : **DSWD7-2025-0744**

Date : **May 23, 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 service providers are required to submit true copies of their valid **Mayor's/Business Permit & Philgeps Registration Number** upon submission of quotation. 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](mailto:bac.fo7@dswd.gov.ph) on or before **May 28, 2025 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 Purchase Order.**
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: \_\_\_\_\_

  
**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.: DSWD7-2025-0744

Date: May 23, 2025

Item No.	Quantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
1	2,500	pieces	<p><b>Supply and Delivery of ID Sling</b></p> <p><b>ID Sling (color white)</b></p> <p>size is 36 inches length, width is 5/8" or 1 1/2 cm</p> <p>polyester material with smooth, satin-like feel, washable</p> <p>with specific design and color</p> <p>*Please see the attached layout</p> <p><b>Note:</b></p> <p>*supplier should submit a sample printed material prior to mass production</p> <p>*Printing of the material shall be within 30 days after the date the final layout is approved</p> <p>*preferably service provider within cebu</p>				
<b>Total:</b>							
<b>Approved Budget for the Contract: Php 500,000.00</b>				Note: "Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			
End User: <b>HRMDD-PAS</b>							
PURPOSE : For Field Office VII 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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For white lanyards, always use colored version of the logo



For blue and red lanyards, always use white version of the logo



For yellow lanyards, always use black version of the logo

Tw6: