



**REQUEST FOR QUOTATION
 SMALL VALUE PROCUREMENT**

RFQ No. : DSWD7-2025-1177
 Date : August 4, 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** in accordance with Implementing Rules and Regulations of Republic Act 12009. Failure to indicate required information/s 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 or service provider/s is/are required to submit true copies of **valid Business/Mayor's Permit, Philgeps Registration Number** upon submission of the 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; 232-0261; 231-2172 local 17140 or 17110 or e-mail to bac.fo7@dswd.gov.ph on or before **August 8, 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 calendar days after the receipt and conformity of Purchase Order.**
4. Place of Delivery: **Regional Rehabilitation Center for Youth, Sitio Baha-Baha, Tayud, Consolacion, Cebu**
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**
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)



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

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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
Supply and Delivery of Toiletries							
1	600	piece	Deodorant - Female, deo lotion, sachet				
2	600	piece	Bath Soap, Bath, Germicidal/Moisturizer, reg. 135grams				
3	5	bar	Soap, bleaching bar, laundry (white color) 48 bars/4 cuts/baar) case				
4	100	kilo	Soap, Laundry, Powder , 1 kg/pack, scented				
5	1200	piece	Toothbrush with cover, for adult, good quality				
6	240	tube	Toothpaste, at least 150 ml/tube				
7	60	bottle	Cologne - for male, at least 125 ml/bottle				
8	240	bottle	Shampoo - w/ conditioner, 170-180 ml				
9	300	pad	Sanitary Pads,with wings, for regular flow, 100% absorbent, at least 10pcs/pack				
			Place of Delivery: Regional Rehabilitation Center for Youth, Sitio Baha - Baha, Tayud, Consolacion, Cebu				
Total:							
Approved Budget for the Contract: Php 322,900.00				"Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated or may state brand, model and country of origin of item offered, if applicable.			
End User: PSD-RRCY for Girls							
PURPOSE : For residents' consumption at RRCY for 2nd Semester July-December of 2025							

CHARL ALBERT J. TORREFIEL
Canvasser

 Signature of Supplier / Authorized Representative Over Printed Name

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