



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. : DSWD7-2020-01234
 Date : October 27, 2020

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, Omnibus Sworn Statement for ABC above Php50,000.00, Income Tax Return for ABC above Php500,000.00 upon submission of quotation/s.

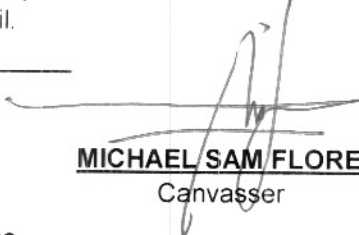
Please accomplish and submit this **form** together with **Annex A** and **Bank Information** to the BAC Secretariat, DSWD Field Office VII, Cebu City or send it through facsimile numbers (032) 233-8785; 232-0261; 231-2172 local 140 or 148 or e-mail to bac.fo7@dswd.gov.ph on or before **November 4, 2020 at 5:00PM.**

Very truly yours,

ROSARIO P. BACONG
 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** upon receipt of approved Purchase Order.
4. Place of Delivery: **DSWD FOVII, Cebu City**
5. Terms of Payment: **within 30 days from the receipt of billing statement/Sales Invoice**
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: _____


MICHAEL SAM FLORES
 Canvasser

I am interested to quote and agree to the terms and conditions.

 Signature of Supplier/Service Provider/Authorized Representative over Printed Name



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
 Field Office VII, Cebu City

Annex A

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

RFQ No.: **DSWD7-2020-01234**
 Date: **October 27, 2020**

PhilGEPS Registration No.: _____
 TIN: _____

Item No.	Qty.	Unit	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
1	1,200	PCS	DSWD VEST				
Small - 500 Medium - 500 Large - 200							
Please see attached layout /design							
Approved Budget for the Contract: Php600,000.00							
Charge to: DRMD Funds							
End User: Disaster Response And Management Unit (DRMD)							
PURPOSE : For DSWD Staff use.							
				"Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			

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

~~MICHAEL SAM FLORES~~
 Canvasser

 Signature of Supplier/Service Provider/Authorized Representative over Printed Name



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