



REQUEST FOR QUOTATION
NP- SMALL VALUE PROCUREMENT

RFQ No. : DSWD7-2021-1159- A
 Date : October 26, 2021

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 and Latest Income Tax Return (ITR) for ABC above Php500,000.00** upon submission of quotation. An **Omnibus Sworn Statement (OSS)** shall be required prior to award for ABC above Php50,000.00.

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 **November 02, 2021** at 5:00 pm.

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 calendar days upon receipt and conformity of Purchase Order.
4. Place of Delivery: **DSWD Field Office VII, Carreta, Cebu City**
5. Terms of Payment: **within 30 calendar 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: _____


BRYAN G. LAGARE
 Carvasser

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

 (Signature over Printed Name of Supplier /
 Authorized Representative)



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

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Item No.	Qty	Unit	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
			SUPPLY AND INSTALLATION OF OFFICE FURNITURES 1. Office Partition/Cubicle System (1-lot) * 5 cm thk partition panels with PVC edging * 11 units cubicle/workstation without table top * Finishing: fabric, color blue, (same with the existing color at the office) * Dimensions: approximately 120 cmW x 60 cmD x 130 cmH * See attached layout				
			2. Executive Chair (5 units) * Ergonomic recliner executive chair * High back with armrest * Leatherette, black color * Chrome Leg * See attached picture				
			3. L-SHAPE OFFICE TABLE (1 UNIT) * Heavy duty, laminated board, walnut finished/color * Sturdy metal leg * With center drawer, metal with lock * Approximately 140 x 60 x 120 x 45 cm * See attached picture				
			Total:				

Approved Budget for the Contract: **Php 300,000.00**

Note: "Bidder's Specifications" column may be filled up with supplier's offer (brand, model, origin) or may copy "Articles/Description" stated if applicable.

End User: **SLP****Purpose :** For SLP Office use.

Signature of supplier/Authorized Representative over printed name


BRYAN C. LAGARE
Canvasser