



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Field Office VII
Corner M.J. Cuenco and Gen. Maxilom Ave., Cebu City

REQUEST FOR QUOTATION SHOPPING

RFQ No. : DSWD7-2022-0985
Date : June 14, 2022

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.

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 **June 17, 2022 at 5:00PM.**

Very truly yours,


ROSARIO P. BACONG
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 **within 30 days calendar from receipt and conformity of Purchase**
- Place of Delivery: **AVRC II Camomot Franza Rd., Brgy. Labangon, 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: _____


BONAPARTE D. CASEÑAS II
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. DSWD7-2022-0985

Date: June 14, 2022

Item No.	Quantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
1	5	piece	Supply and Delivery of Manual Impulse Poly Bag Sealer (Impulse Sealer) Specification * Watts: 750 at least * Seal Length: 16 inches at least * Seal Width: 1/8 (2mm) at least * Max. Bag Thickness: 6mil * Seal Time: 0.2 - 1.3 seconds Type of Materials that can be sealed * Polyethylene, Polyurethane, Polyvinylchloride, Polypropylene * Warranty: 1 year * see attached image				
2	5	piece	Foot Pedal Impulse Sealer Specification * Maximum Seal Length: 14inches * Maximum Seal Thickness: 20mil * Seal Width: 5mm on top and bottom jaws (slightly less than 1/4") * Analog Temperature Control * Illuminated On/Off Switch * Power: 220V/50Hz * Watts: 1,000W at least * Inclusion: Spare Part Kits - 2 Heating Elements, 2 PTFE Covers * Warranty: 1 year * see attached image Delivery Place: AVRC II Compound Camomot Franza Rd. Brgy. Labangon Cebu City				
Total:							
Approved Budget for the Contract: Php 95,000.00				Note: "Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			
End User: DRMD							
PURPOSE : For Regional and Provincial Warehouse Rice Bagging Production Use.							

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

Bonaparte D. Caseñas II
BONAPARTE D. CASEÑAS II
 Canvasser

Signature of Supplier / Authorized Representative
Over Printed Name