



**REQUEST FOR QUOTATION  
 NP- SMALL VALUE PROCUREMENT**

RFQ No. : DSWD7-2023-0425 /  
 Date : March 28, 2023

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**, upon submission of 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) 233-8785; 233-0261; 231-2172 local 140 or 148 or e-mail to bac.fo7@dswd.gov.ph on or before **April 3, 2023 at 5:00PM.**

Very truly yours,

  
**ENGR. EMMANUEL M. EDLES**  
 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 P.O.**
- Place of Delivery: **DSWD FO VII, Corner M.J. Cuenco Avenue and Gen. Maxilom Ext., Carreta, 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. **DSWD7-2023-0425**  
 Date: **March 28, 2023**

Item No.	Quantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
			<b>Procurement of Service for the Printing of DSWD ARTA Size ID Cards</b>				
1	800 /	piece	<b>Card type: PVC plain ARTA size ID Card</b> • Dimension: 4 x 5 Inches • Output: back to back colored • <b>Inclusion:</b> a) Template design (given) b) Photo capture c) Printing of ID's d) Sample				
<b>Approved Budget for the Contract: Php 200,000.00</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 : <b>For Field Office Use</b>							

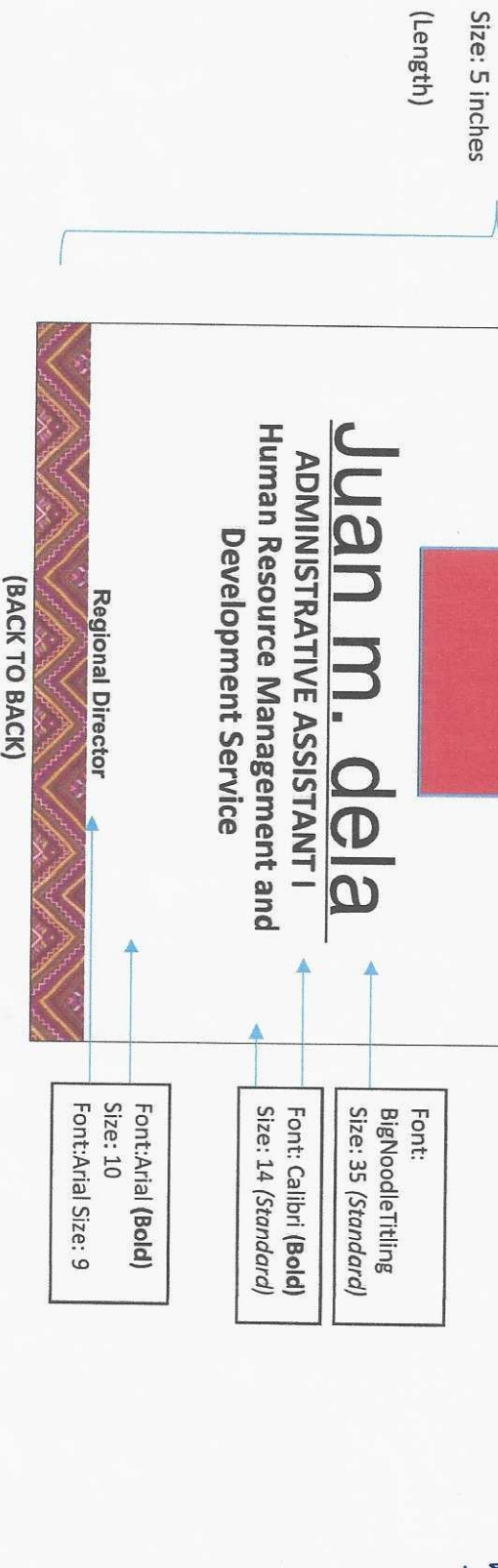
Note: Procurement procedure in accordance with DSWD-Memorandum Circular No. 2, Series of 2007.

  
**BONAPARTE D. CASEÑAS II**  
 Convasser

\_\_\_\_\_  
 Signature of Supplier / Authorized Representative Over  
 Printed Name

REGULAR/CONT/CASUAL/COTERM

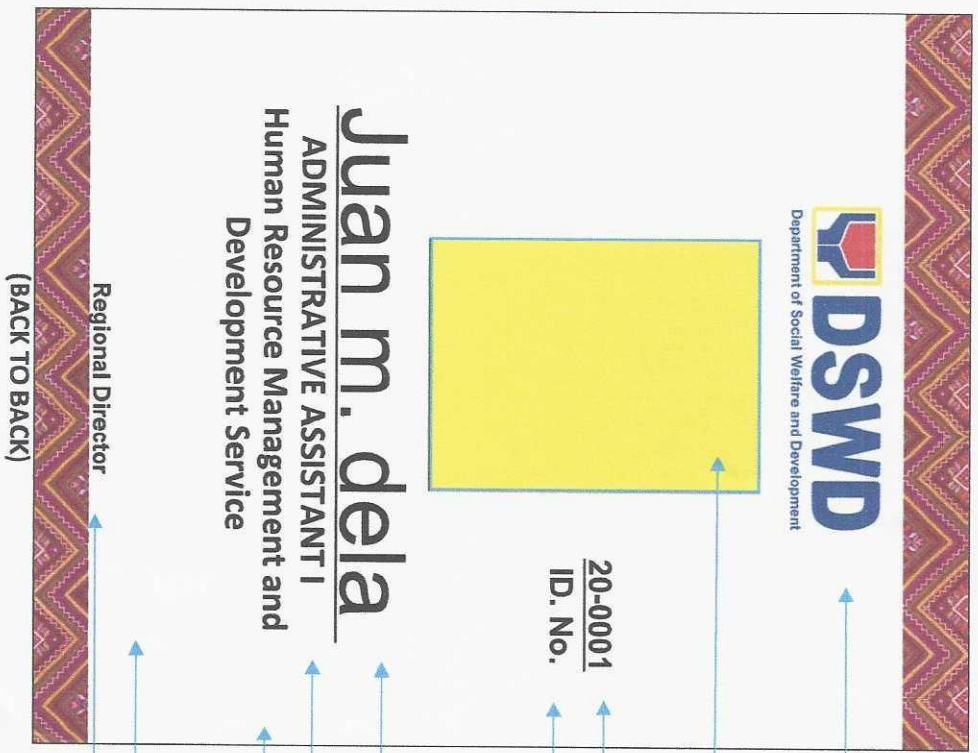
Size: 4 inches (Width)



Size: 5 inches (Length)

Size: 4 inches (Width)

Size: 5 inches  
(Length)



Approximately  
4.5 cm x 1.2 cm

Passport size:  
Background:  
Permanent/Contractual/Coterm/Casual - Red  
MOA - Yellow

20-0001  
ID. No.  
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Font:  
BigNoodleTiling  
Size: 35 (Standard)

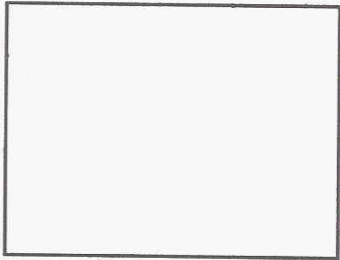
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*Handwritten signature or initials*



8333  
ID. No.



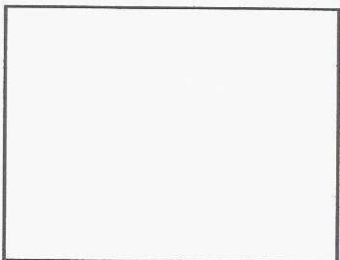
**JASON H. GONZALES**

ADMINISTRATIVE ASSISTANT I  
Human Resource Management and  
Development Division

*Shalaine Marie S. Lucero*  
**SHALAINA MARIE S. LUCERO, CESO IV**  
Regional Director



8333  
ID. No.



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