



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

RFQ No. : DSWD7-2023-1157  
Date : August 23, 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 **August 29, 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 **Please refer to Annex A**
- 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: \_\_\_\_\_

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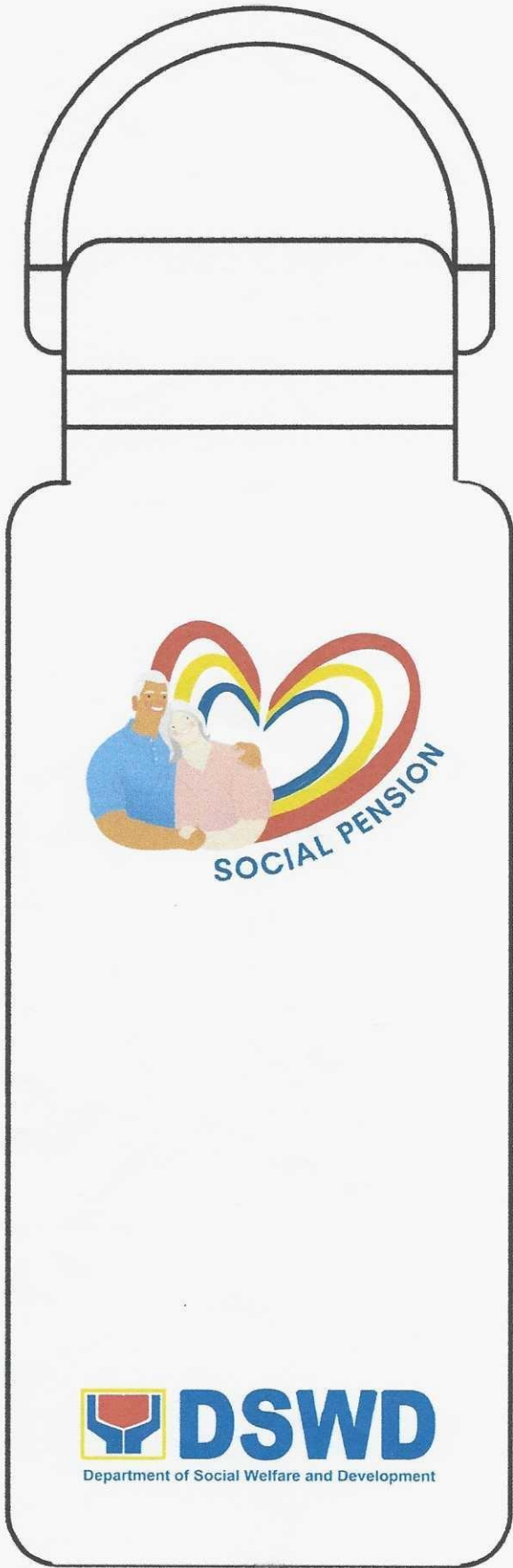
Item No.	Quantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
			<b>Supply and Deliver of Advocacy Water Tumbler / Canister With Handle</b>				
1	80	piece	<ul style="list-style-type: none"> <li>• Color White</li> <li>• Material: Insulated stainless steel</li> <li>• Lid/Handle: Convenient rotating handle, stainless steel &amp; BPA-Free Plastic and silicone</li> <li>• Capacity: 1000ml</li> <li>• Interior: Rust-resistant stainless steel</li> <li>• Exterior: Durable stainless steel</li> <li>• Diameter: 3"</li> <li>• others: with DSWD Logo, DSWD FO 7 Insigna and SOCPEN Logo (printed continuously from front to back)</li> </ul> <p><b>Note:</b> Supplier should submit a sample finish product within 5 days upon receipt of Approved PO before mass Production  <b>Delivery Term:</b> within 30 days upon receipt of the approved sample from the end user</p>				
<b>Approved Budget for the Contract: Php 80,000.00</b>				<b>Note:</b>			
End User: <b>SOCIAL PENSION PROGRAM</b>				"Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			
<b>PURPOSE :</b> For Social Pension Program Use.							

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

  
**BONAPARTE D. CASEÑAS II**  
 Canvasser

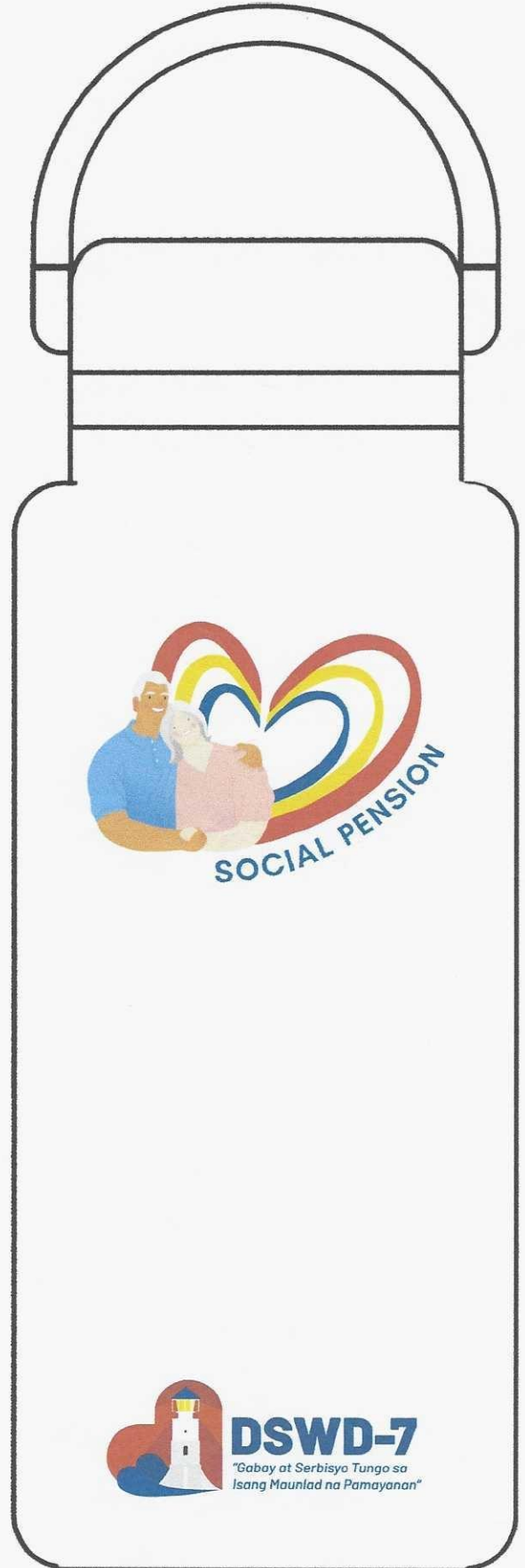
Signature of Supplier / Authorized Representative Over  
 Printed Name

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**FRONT**

*Jay*



**BACK**