

## DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office VII

Corner M.J. Cuenco and Gen. Maxilom Ave., Cebu City

## REQUEST FOR QUOTATION SMALL VALUE PROCUREMENT

		RFQ No. :	DSWD7-2025-1090
		Date :	July 11, 2025
Company Name	:		
Company Address	:		
Contact Person	:	-	
Contact No.	:	-	
PhilGEPS Registrati	on No.:		
Sir/Madam:			
expenses for the go Failure to indicate r brochures, catalogu	government price/s including delivery charge ods listed in <b>Annex A</b> in accordance with Importance difference information/s could be the basis for es, literatures and/or samples, if applicable.	non-compliance.	Also, kindly furnish us with descriptive
in your quotation a d	sive manufacturer, distributor or agent in the P duly notarized certification to this effect.		
Philgeps Registrat	sor service provider/s is/are required to stion Number upon submission of the quotation	ill/s. All Ollillist	
Field Office VII. Cel	n and submit this form together with Annex A bu City or send it through facsimile numbers (0 @dswd.gov.ph on or before <u>July 15, 2025 at 5</u>	132) 001-9120, 2	rmation to the BAC Secretariat, DSWD 32-0261; 231-2172 local 17140 or 17110
		Very truly yours	3
Towns of Condition	lana	ENGREMMA AO V/Head, Pr	NUEL M. EDLES ocurement Management Section
Terms and Condit  1. Award shall be made of the condition validity.	nade on per: item basis  value total que	5.000 p.1.00	lot-basis
3. Good/s or Service	es shall be delivered 5 days after the receipt	and conformity	of Purchase Order.
4. Place of Delivery	DSWD NIR, Talay, Dumaguete City		
<ol><li>Terms of Payme</li></ol>	nt: within 30 days from the receipt of billing	g statement.	lav
7. In case of discre	ages/Penalty: One-tenth of one percent for pancy between total price per item and unit pri quantity of that item, the latter shall prevail.	ce for the item a	s extended or
8. Warranty period	, if applicable:		ARL ALBERT J. TORREFIEL
		<u> </u>	Canvasser
I am interested to o	quote and agree to the terms and conditions.		
(Signature over Pr Provider / /	rinted Name of Supplier / Service Authorized Representative)		

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Company Name		RFQ No.:	DSWD7-2025-1090
Company Address		Date:	July 11, 2025
Contact Person			
Contact No.	*		
PhilGEPS Registration No			
Tin Number:			

Item No.	Quantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply"	Bidder's Specifications	Unit Cost	Total Cost
			Supply and Delivery of Kitchenware			2	
1	6	dozen	Soup Bowl -Height: 5 cm, approxDiameter: 11 cm approxColor: White -Design: Plain				
2	6	dozen	Dinner Spoon -at least 19 cm in length Material: Stainless Steel food grade Color: Silver				
3	6	dozen	Dinner Plate -Diameter: 26 cm, approxColor: White -Design: Plain				
4	6	dozen	Drinking Glass -Dishwasher-safeHeight: 13.5 cm, approxVolume: 15 oz, approx				
5	6	dozen	Cup & Saucer -Saucer diameter: at least 15 cm -Total height: at least 9 cm -Cup height: at least 7 cm -Volume: at least 7 oz -Color: White				
6	6	dozen	Dinner Fork -at least 19 cm in length Material: Stainless Steel food grade Color: Silver				
7	5	piece	Plastic Jumbo Roll Tissue Dispenser -Diameter: 270 mm, approxDepth: 115 mm, approxholds tissue rolls with a diamter of 255 mm and roll core diameter of 50 and 40 mm -With System-lock key -Door unlocks with key provided and swings down for loading dispenser -With slit for roll level				

Item No.	Quantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply"	Bidder's Specifications	Unit Cost	Total Cost
8	4	piece	Tissue Holder Material:Wood and plastic. Color:Wooden and white.  Place of Delivery: DSWD-NIR, Talay, Dumaguete City.				
Total:							
Approved Budget for the Contract: Php 95,004.00 "Bidder's Specifications" column may be filled up with service provider or may							
End L	lser:	DSWD	NIR ,	copy "Articles/Description" stated or may state brand, model and country of origin of item offered, if applicable.			
PURPOSE: For the office improvement of Field Office Negros Island Region.							

CHARL ALBERT J. TORREFIEL
Canvasser

Signature of Supplier / Authorized Representative Over Printed Name

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