



REQUEST FOR QUOTATION
NP- SMALL VALUE PROCUREMENT

RFQ No. : DSWD7-2021- 0384
 Date : 03/18/2021

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 supplier/s are required to submit true copies of their valid **Mayor's Permit, Philgeps Registration Number, Omnibus Sworn Statement** for ABC above Php50,000.00, and **Latest Income Tax Return** for ABC above Php500,000.00 upon submission of quotation/s.

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; 232-0261; 231-2172 local 140 or 148 or e-mail to bac.fo7@dswd.gov.ph on or before **March 23, 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 days calendar from receipt and conformity of Purchase Order.
4. Place of Delivery: **DSWD FO VII, 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: _____

LEIF WAYNE P. YOUNG
 Canvasser

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

Company Name _____
Company Address _____
Contact Person _____
Contact No. _____
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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
1	1,000	pad	Certificate of Eligibility (Outright Cash)-Form #1 Description: Paper Stocks: Carbonless Paper Size: A4, 21cm(w)x 29.7cm(h) (8.27 x 11.69") No. of Copies: 3 copies (White, Yellow, Blue) Prints: 1/0, Black Finish: Padded/100sets per pad				
2	200	ream	General Intake Sheet Part 1-Form #2 Description: Paper Stocks: White Bond Econo subs.20 (50gsm) Size: A4, 21cm(w)x 29.7cm(h) (8.27 x 11.69") Prints: 1/0, Black Finish: 1 ream = 500 sheets				
TOTAL:							
Approved Budget for the Contract: Php 354,000.00							
End User: PSD-CIS							
Purpose : For Official use of CIS							
Note: "Bidder's Specifications" column may be filled up with supplier's offer (brand, model, origin) or may copy "Articles/Description" stated if applicable.							

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

Signature of Supplier / Authorized Representative
Over Printed Name


LEIF WAYNE P. YOUNG
Cannasser