

DSWD DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

ocial Welfare and David David

REQUEST FOR QUOTATION NP- SMALL VALUE PROCUREMENT

	RFQ No.	: DSWD7-2021- 0738
	Date	June 23 ,2021
Company Name:		
Company Address:		
Contact Person:		
Contact No.:		
PhilGEPS Registration No.:		
Sir/Madam:		
Please quote your government price/s including delivery charges, incidental expenses for the goods listed in Annex A. Failure to indicompliance. Also, kindly furnish us with descriptive brochures, applicable.	cate informati	on could be the basis for non-
If you are the exclusive manufacturer, distributor or agent in the F please attach in your quotation a duly notarized certification to this et	Philippines for ffect.	the goods listed in Annex A
Interested supplier/s are required to submit true copies of their valid Number, Omnibus Sworn Statement for ABC above Php50,000.00 above Php500,000.00 upon submission of quotation/s.	Mayor's Pern and Latest I	nit, Philgeps Registration ncome Tax Return for ABC
Please accomplish and submit this form together with Annex A and DSWD Field Office VII. Cebu City or send it through facsimile null local 140 or 148 or e-mail to bac.fo7@dswd.gov.ph on or before Jun	mbers (032) 2	233-8785: 233-0261: 231-2172
Very	truly yours,	
*	Mul	
ROSA	ARIO P. BAC	ONG 3.
AO V	/Head, Procur	rement Management Section
Terms and Conditions:	y	
 Award shall be made on per: item basisv total quote Quotation validity shall be not less than <u>60 calendar days.</u> 	d price	lot basis
3. Good/s or Services shall be delivered within 30 days calendar from	a raasint and	anniarmity of D O
4. Place of Delivery: RRCY , Brgy. Candabong, Binlod, Argao C	ebu	comprimity of P.O.
5. Terms of Payment: within 30 calendar days from the receipt of	Billing State	ment / Sales Invoice.
6. Liquidated Damages/Penalty: One-tenth of one percent for ev 7. In case of discrepancy between total price per item and unit price to	eryday of dei	ay shall be imposed.
by the quantity of that item, the latter shall prevail.	or the item as	extended or multiplied
8. Warranty Period, if applicable:	RAMSE	GASPAR S MANGILA
I am interested to quote and agree to the terms and conditions.		Canvasse
	*	
(Signature over Printed Name of Supplier / Authorized Representative)		

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DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office VII, Cebu City

					RFQ No.: DSWD7-2021- 0738			
^					Date:	June 23, 2021		
Cont Cont	pany Name pany Addre act Person act No. SEPS Regis	ess						
Item No.	Qty.	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost	
1	4,666	container	Purified Drinking Water, 5 gallons, content only,	·				
			at 25-26 containers/day for July to December 2021					
Appr	oved Bud	dget for the	Contract: Php 69,990.00	Note: "Bidder	's Specification	ons" colun	on may be	
			Rehabilitation Center for Youth (RRCY)	- Tilled up witi	der's Specifications" column may be with supplier's offer (brand, model, may copy "Articles/Description" stated			
Purp	ose :	For RRCY	s consumption from July to December 2021		if applicab	ile.		
Note:	Procuren	***************************************	re in accordance with DSWD-Memorandum Circu	lar No. 2, Series	of 2007.			

Canvasser

Signature of Supplier / Authorized Representative Over Printed Name