



REQUEST FOR QUOTATION
NP- SMALL VALUE PROCUREMENT

RFQ No. : DSWD7-2021- 0954
 Date : August 11, 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 service providers are required to submit true copies of their valid **Mayor's Permit, Philgeps Registration Number** and **Latest Income Tax Return(ITR)** for **ABC** above **Php500,000.00** upon submission of quotation. An **Omnibus Sworn Statement** for ABC above Php50,000.00, shall be required prior to award for ABC above Php50,000.00.

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 17, 2021** at **5:00 pm**.

Very truly yours,

[Signature]
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 P.O .
4. Place of Delivery: Home For Girls, Camomot Franza Rd., Brgy Labangon, 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: _____

[Signature]
CHERRY ANN GABRINAO
 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.: _____
 PhilGEPS Registration No.: _____

RFQ No.: DSWD7-2021- 0954
 Date: August 11, 2021

Item No.	Qty	Unit	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
1	1	unit	Buffet Table * 60cm x 220cm x 80cm * 4 doors for plates and glass * ball casters leg * open shelf with pin light for plate display * stone and laminate color combination				
2	1	unit	Buffet Table * 60cm x 40cm x 80cm * wood grain laminate * 3 drawers for utensils				
3	1	unit	Medicine Cabinet * 40cm x 125cm x 200cm * with ceiling overhang of 20cm * 3 drawers * 2 glass doors with framing * overhang ceiling installed with pin lights * adjustable shelving * with pull-out preparation table				
4	1	unit	Medicine Cabinet, open shelves only * 40cm x 65cm x 200cm * pin light ceiling * 2 bottom doors * ceiling installed with pin lights * adjustable shelving				


Approved Budget for the Contract: **Php 52,390.00**

End User: **HOME FOR GIRLS**

Purpose : For Home for Girls use.

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.


CHERRY ANN GABRINAO
 Canvasser

 Signature of supplier/Authorized
 Representative over printed name