



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Field Office VII

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

REQUEST FOR QUOTATION
NP- SMALL VALUE PROCUREMENT

RFQ No. : DSWD7-2021- 1023

Date : August 20 ,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/Business Permit, Philgeps Registration Number and Latest Income Tax Return (ITR) for ABC above Php500,000.00 upon submission of quotation. An Omnibus Sworn Statement (OSS) 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 25, 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 [x] 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: DSWD Field Office VII, Carreta, 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 YOUNG
Covasser

I am interested to quote and agree to the terms and conditions.

(Signature over Printed Name of Supplier / Authorized Representative)



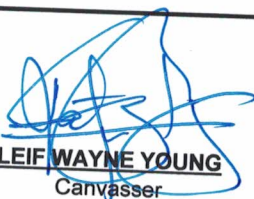
Company Name: _____
 Company Address: _____
 Contact Person: _____
 Contact No.: _____
 PhilGEPS Registration No.: _____

RFQ N DSWD7-2021- 1023
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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	386	ream	BDUR Form				
			Specification: 2 pages Back to Back black Printing Long size bondpaper 70 GSM white Pack in 500 sheets per reams for the delivery				
2	311	ream	School Certificate Form				
			Specification: 1 page black Printing A4 size bondpaper 70 GSM white Pack in 500 sheets per reams for the delivery				
3	65	ream	Health Certificate Form				
			Specification: 1 page black Printing A4 size bondpaper 70 GSM white Pack in 500 sheets per reams for the delivery				
			Total:				
Approved Budget for the Contract: Php362,200.00				Note: "Bidder's Specifications" column may be filled up with supplier's offer (brand, model, origin) or may copy "Articles/Description" stated if applicable.			
End User: Pantawid Pamilyang Pilipino Program							
Purpose: For the distribution to Pantawid Region VII beneficiaries							

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

 Signature of supplier/Authorized Representative over printed name


LEIF WAYNE YOUNG
 Canvasser