



REQUEST FOR QUOTATION
NP- SMALL VALUE PROCUREMENT

RFQ No. : DSWD7-2024-0918

Date : June 25, 2024

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

Sir/Madam:

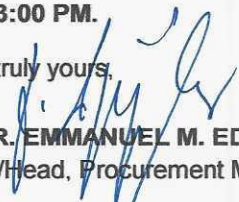
Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in Annex A. Failure to indicate information could be the basis for non-compliance. Also, kindly furnish us with descriptive brochures, catalogues, literatures 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 and Philgeps Registration Number upon submission of quotation. An Omnibus Sworn Statement shall be required prior to award.

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 17126 or kalahiaf7.procurement23@gmail.com on or before **July 1, 2024 at 3:00 PM.**

Very truly yours,


ENGR. EMMANUEL M. EDLES
 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 **on the scheduled date of the activity.**
4. Place of Delivery: DSWD Field Office VII, Cebu City
5. Terms of Payment: within 30 calendar days from the completion of services and 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: _____


EDLYN S. CANGQUE
 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: _____

RFQ No.: **DSWD7-2024-0918**

Company Address: _____

Date: June 25, 2024

Contact Person: _____

Contact No.: _____

PhilGEPS Registration No.: _____

Item No.	Qty	Unit	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
1	15,000	piece	<p>DSWD PAYOUT ENVELOPE</p> <p>Specifications:</p> <p>Dimensions: W-24cm x H-10.5cm</p> <p>With gummed flap</p> <p>Printing: Full-color</p> <p>Note:</p> <p>*All design and/or layout will be provided by the Social Marketing Unit.</p> <p>* Supplier must provide mock-up copy for approval prior to mass production</p> <p>Must be delivered within 30 days from receipt of Purchase Order</p>				
Charged to: Kalahi-CIDSS KKB Current Appropriation - Office Supplies				Total:			
Approved Budget for the Contract: Php75,000.00				Note: "Bidder's Specifications" column may be filled up with supplier's offer (brand, model, origin) or may copy "Articles/Description" stated if applicable.			
Purpose:	To be used during the Tara, Basa Tutoring Program Payout.						

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

Signature of supplier/Authorized Representative over printed name


EDLYN S. CANGQUE
Canyasser

#BawatBuhayMahaLagaSaDSWD



- AICS Assistance to Individuals in Crisis Situation
- SLP Sustainable Livelihood Program
- CFW Cash-for-Work
- ECT Emergency Cash Transfer
- Others _____



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Amount in Words _____

Amount in Figures _____

DSWD FIELD OFFICE 7

M.J. Cuenco Avenue corner General Makilom Avenue
Brgy. Caranta, Cebu City, Cebu 6000
(032) 233 8785
www.dswd.gov.ph

24 cm

10.5 cm

3 cm

22 cm

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