

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Field Office IX, Zamboanga City

REQUEST FOR QUOTATION

COMPANY NAME:
COMPANY ADDRESS:
CONTACT PERSON:
CONTACT NO.:
COMPANY TIN NO.:

RFQ No: 2020-08-064
Date: 9/10/20

Sir/Madam:

Please quote your government price/s including delivery charge, VAT or other applicable taxes, and other incidental expenses for the goods listed in **Annex A**. Failure to indicate information could be basis for non – compliance. Also, furnish us with the descriptive brochures, catalogues, literatures.

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.

Please accomplish and submit this form together with Annex A to **RSCC Talon-Talon, Zamboanga City** on or before _____, 5:00 PM

Very truly yours,


MA. CORAZON G. SUMICAD
CAO

Term and Conditions:

1. Award shall be made on per: ___ Item Basis ___ Lot Basis
2. Quotation validity shall not be less than ___ days
3. Good/s shall be delivered on: 15 days upon receipt of PO
4. Place of Delivery: RSCC Talon-Talon, Zamboanga City
5. Term of payment: 30 days after delivery of PO
6. Liquidated Damage/Penalty: 1/10 of 1% of unperformed portion
7. Indicate brand, model and country of origin: _____
8. In case of discrepancy between unit cost and total cost, unit cost shall prevail
9. Warranty: _____
10. **Prospective supplier must be registered at the Philippine Government Electronic Procurement System (PhilGEPS). You may visit philgers website at www.gov.ph and register for free.**


RENATO G. FOJAS

Regional Procurement Officer

(signature over printed name)

Supplier


PHILGEPS NO.: _____
PHILGEPS EXPIRY: _____

COMPANY NAME:
 COMPANY ADDRESS:
 CONTACT PERSON:
 CONTACT NO.:

ANNEX A: RFQ
 RFQ no: 2020-08-064
 DATE: August 26, 2020

ITEM NO.	QTY.	UNIT	PURCHASER'S SPECIFICATIONS	BIDDER'S SPECIFICATIONS	UNIT COST	TOTAL COST
1	1	Lot				
90	boxes	boxes	Surgical Face Mask (Specs: 3 ply, 50 pcs/box, with soft ear loop) For 45 staffs x 2 months (Aug. & Sept.)			
5	boxes	boxes	Alcohol (70% Isopropyl, 6 pcs/box)			
45	pcs	pcs	Face shield/Protective Isolation Mask (Specs: Anti-spray, Anti-fogging, Anti-smoke, Oil splash proof, Anti-exhaust, Windproof sand)			
45	pcs	pcs	Alcohol spray 20ml			
45	pcs	pcs	Washable PPE			
45	boxes	boxes	Bouffant cap (50 pcs/box, disposable)			
*****	*****	*****	*****Nothing Follows*****			

PURPOSE: As part of the occupational Health and safety Protocol for the DSWD Staff.
 PR NO.: 0105
 IMPORTANT: The winning bidder must sign the Original copy of Purchase Order (P.O.) within five (5) days from the date of receipt. Failure to sign the original P.O. means that the bidder is not interested and will be a ground to suspension or blacklisting in DSWD's future biddings.


RENATO G. FOLIAS
 Procurement Officer

SAURA A. OLARTE
 Canvasser

 (Signature over printed name)
 Supplier