

Republic of the Philippines
DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Field Office IX, Zamboanga City

REQUEST FOR QUOTATION

RFQ NO.

DATE:

9/10/2020

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

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, literature.

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
on or before 9/17/2020 AT 4:00 PM

DSWD FO IX ZC.

Note: Business Mayor Permit shall be submitted upon receipt of canvass paper/ approved PO.

Very truly yours,


MA. CORAZON G. SUMICAD
CAO

Terms and Conditions:

- Award shall be made on per: Item Lot X
- QUOTATION VALIDITY SHALL NOT BE LESS than 45 days.
- Goods/ shall be delivered 15 DAYS UPON RECEIVED APPROVED PO.
- Place of Delivery: DSWD- FO-IX-ZC
- Terms of Payment: 30 days after delivery/services
- Liquidated damages/₱ ONE TEN (1/10) OF 1 PERCENT OF EVERY DAY DELAY .
- Indicate brand, model and country of origin: _____
- In case of discrepancy between unit cost And total cost, unit cost shall PREVAIL.
- Warranty: _____
- Prospective supplier must be registered at the Philippines Government electronic Procurement System (PHILGEPS). You may visit Philgeps website at www.philgeps.gov.ph and register for free.


RENATO G. FOJAS

Regional Procurement Officer

(signature over printed name)

Supplier

PHILGEPS NO: _____

PHILGEPS EXPIRY: _____

TIN# _____

DEPARTMENT OF SOCIAL WELFARE & DEVELOPMENT

General Vicente Alvarez St. Zamboanga City.

ANNEX A: RFQ:

RFQ NO.

DATE:

COMPANY ADDRESS:
CONTACT PERSON:
CONTACT NO.:

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ITEM NO.	QTY.	UNIT	PURCHER'S SPECIFICATIONS.	ABC	BIDDER'S SPECIFICATION	UNIT COST	TOTAL COST
50	BOX	70% ISOPROPHYL ALCOHOL 500ML	1,000.00				
100	PACK	DISPOSABLE MASK 50 PCS/PACK	300.00				
100	PCS.	N95 FACE MASK	300.00				
50	BOX	DISPOSABLE HAND GLOVES	150.00				
10	PCS.	DISINFECTANT SPRAY	350.00				
50	ROLLS	TISSUE	10.00				
100	PCS.	FACE SHIELD (AN TI-Fog) with eye glass	70.00				
		FRAME					
		XXX					

PURPOSE: FOR USE OF DRMD STAFF.

PR NO.: 2020-17801 DTD. 8/24/2020

IMPORTANT: The winning bidder must sign the original copy of purchase order (po) with in 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.

REMNATO G. FOJAS

PROCUREMENT OFFICER

CANVASSER:

Note: Business Mayor Permit shall be submitted upon receipt approved PO.
INCOME /BUSINESS TAX RETURN Shall be required for Negotiated Procurement under Small Value procurement Modality with ABC Above P 50,000.00 after receipt of approved contract and /or during delivery/activity before payment.
OMNIBUS SWORNSTATEMENT shall be required for Negotiated Procurement under Small Value Procurement Modality with ABC above P 50,000.00 after receipt of approved contract and / or during delivery/activity before payment.

(SIGNATURE OVER PRINTED NAME)
SUPPLIER