

3700
TEST

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

REQUEST FOR QUOTATION

RFQ NO.: 2020-09-029
DATE: _____

COMPANY NAME : _____
COMPANY ADDRESS : _____
CONTACT PERSON : _____
CONTACT NO. : _____
COMPANY TIN 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 basis for non - compliance. Also, furnish us with the 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.

Please accomplish and submit this form together with Annex A to : DSWD FO IX 8
on or before OCT. 8, 2020 @ 10:00 AM

Very truly yours,


MA. CORAZON G. SUMICAP
CAO

Terms and Conditions:

1. Award shall be made on per: Item Basis Lot Basis
2. Quotation validity shall not be less than 15 days
3. Good/s shall be delivered on _____
4. Place of Delivery: MAMPANG, ZAMBO. CITY, HOME FOR WOMEN
5. Terms of payment: AFTER 30 CALENDAR DAYS UPON DELIVERY OF P.O
6. Liquidated Damages/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 Philgeps website at www.philgeps.gov.ph and register for free.**


Renato G. Rojas
Regional Procurement Officer

Supplier
PHILGEPS NO.: _____
PHILGEPS EXPIRY: _____

Note: Please fill in / attach specification. Failure to do so will be DISQUALIFIED / WILL NOT BE AWARDED.

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

ANNEX A: RFQ
 RFQ NO.: 2020-09-029
 DATE:

ITEM NO.	QTY.	UNIT	PURCHASER'S SPECIFICATIONS	ABC	BIDDER'S SPECIFICATIONS	UNIT COST	TOTAL COST
			1 LOT				
1	4	PACK	BENDER VISUAL-MOTOR GESTALT TEST II (BG-II) <i>Form #9-20643 (Text Record Forms)</i>	2,000.00			
2	4	PACK	BG-II Form #9-20644 (Motor Record Booklets)	500.00			
3	4	PACK	BG- II Form #9-20645 (Perception Test)	500.00			
4	3	PACK	COGNITIVE DISTORTION SCALES (CDS) Form #RO-4414 (Test Booklet)	12,500.00			
5	3	PACK	CDS Form #RO-4415 (Profile Sheet)	7,000.00			
6	3	KIT	DRAW A PERSON TEST SCREENING PROCEDURE FOR EMOTIONAL DISTURBANCES Form # 5122 (Record Form)	6,500.00			
7	1	KIT	MILLON CLINICAL MULTIAXIAL INVENTORY - III	70,500.00			
8	1	KIT	NEO FIVE FACTORY INVENTORY	43,100.00			
9	1	KIT	TRAUMA SYMPTOM INVENTORY - 2	43,800.00			
10	1	KIT	SHIPLEY INSTITUTE OF LIVING SCALE: 2ND ED	35,000.00			

PURPOSE: FOR THE PSYCHOLOGICAL TEST AND ASSESSMENT OF THE HOME FOR WOMEN CLIENTS

PR. NO.:

IMPORTANT: The winning bidder must sign the Original copy of Purchase Order (P.O.) 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 for suspension or blacklisting in DSWD's future biddings.


 RENATO G. FOJAS
 PROCUREMENT OFFICER


 EDTESSIE KATE M. TARROZA
 0997-298-5599
 CANVASSER

 SUPPLIER

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