

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

REQUEST FOR QUOTATION

RFQ NO. _____

DATE: 11/27/20

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 Dec. 4, 2020 AT 10:00 AM DSWD FO IX ZC.

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

Very truly yours,

Corazon G. Sumicad
MA. CORAZON G. SUMICAD
CAO



Terms and Conditions:

1. Award shall be made on per: Item Lot X
2. QUOTATION VALIDITY SHALL NOT BE LESS than 45 days.
3. Goods/ shall be delivered 15 DAYS UPON RECEIVED APPROVED PO.
4. Place of Delivery: DSWD FO IX
5. Terms of Payment: 30 days after delivery/services
6. Liquidated damages/ ONE TEN (1/10) OF 1 PERCENT OF EVERY DAY DELAY.
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 Philippines Government electronic Procurement System (PHILGEPS). You may visit Philgeps website at www.philgeps.gov.ph and register for free.

Renato G. Fojas
RENATO G. FOJAS

Regional Procurement Officer

(signature over printed name)

Supplier

PHILGEPS NO: _____

PHIGEP EXPIRY DATE: _____

TIN# _____



COMPANY ADDRESS: DEPARTEMENT OF SOCIAL WELFARE & DEVELOPEMENT
 General Vicente Alvarez St. Zamboanga City.
CONTACT PERSON:
CONTACT NO.:

ANNEX A: RFQ:
RFQ NO.
DATE:

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ITEM NO.	QTY.	UNIT	PURCHER'S SPECIFICATIONS.	ABC	BIDDER'S SPECIFICATION	UNIT COST	TOTAL COST
	400	box	FACIAL MASK (100 PCS PER BOX)	350.00			
	15	BOX	DISINFECTANT ALCOHOL 70% 500ML XXXXXX	3,000.00			

PURPOSE: FOR THE USE OF DRMD STAFF AND SWAD STAFF.

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.

PR NO.:
IMPORTANT: The winning 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.

RENATO G. FOLIAS
 PROCUREMENT OFFICER
 CANVASS

DRMD-2020-1-0449
POSTED
 GEPS REF No. _____
 DATE: _____
 MANATURE: _____

 (SIGNATURE OVER PRINTED NAME)
 SUPPLIER