

498

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

REQUEST FOR QUOTATION

RFQ NO. _____
DATE: _____

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.

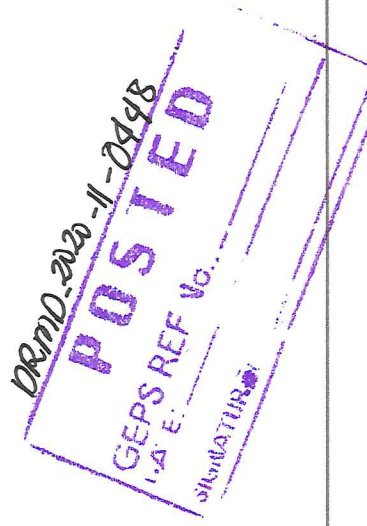
If you are the exclusive manufacturer, distributor or agent in the Philippines for the goods listed in Annex A please attach in your quotation a duly notarized certification to this effect.

Please accomplish and submit this Form together with Annex A to _____ DSWD FO IX ZC.
on or before DEC. 4, 2020 AT 10:00 AM

Note: Business Mayor Permit shall 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. Propective 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# _____

PAAC *Paul*: 11/27/20
7:49 pm

DEPARTMENT OF SOCIAL WELFARE & DEVELOPMENT

COMPANY ADDRESS: General Vicente Alvarez St. Zamboanga City.

CONTACT PERSON:

CONTACT NO.:

ANNEX A: RFQ:

RFQ NO.

DATE:

1

ITEM NO.	QTY.	UNIT	PURCHER'S SPECIFICATIONS.	ABC	BIDDER'S SPECIFICATION	UNIT COST	TOTAL COST
	60	PAX	PACKED LUNCH WITH SNACKS (AM/PM) FOR 10 DAYS.	350.00			
			XXXX				

DSWD - 2020-11-0448

POSTED

GEPS REF. No. DATE: _____

SIGNATURE: _____

PURPOSE: FOR REPACKING OF WELFARE GOODS AT REGIONAL WAREHOUSE
IX TETUAN ZC.

PR NO.: _____
 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.

RENATO G. FDIAS


PROCUREMENT OFFICER

(SIGNATURE OVER PRINTED NAME)

SUPPLIER

CANVASS


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.