

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

REQUEST FOR QUOTATION

RFQ NO.: 2020-09-024  
DATE: \_\_\_\_\_

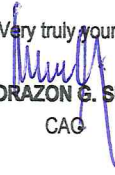
COMPANY NAME : \_\_\_\_\_  
COMPANY ADDRESS : \_\_\_\_\_  
CONTACT PERSON : \_\_\_\_\_  
CONTACT NO. : \_\_\_\_\_  
COMPANY TIN NO : \_\_\_\_\_

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 REGIONAL OFFICE IX, GEN. VICENTE ALVAREZ ST., ZAMBOANGA CITY on or before DEC. 4, 2020 at 10:00 AM

Very truly yours,  
  
MA. CORAZON G. SUMICAD  
CAG

Terms and Conditions:

- Award shall be made on per: \_\_\_\_\_ Item Basis  Lot Basis
- Quotation validity shall not be less than 15 days
- Good/s shall be delivered on \_\_\_\_\_
- Place of Delivery: MAMPANG, ZAMBO. CITY, HOME FOR WOMEN
- Terms of payment: AFTER 30 CALENDAR DAYS UPON DELIVERY OF P.O
- Liquidated Damages/Penalty 1/10 OF 1% OF UNPERFORMED PORTION
- 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 Philippine Government Electronic Procurement System (PhilGEPS). You may visit Philgeps website at [www.philgeps.gov.ph](http://www.philgeps.gov.ph) and register for free.

  
Renato G. Fojas  
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.: 2020-09-024  
 DATE: \_\_\_\_\_

ITEM NO.	QTY.	UNIT	PURCHASER'S SPECIFICATIONS	ABC	BIDDERS SPECIFICATIONS	UNIT COST	TOTAL COST
			<b>LOT</b>				
			<b>SURGICAL FACE MASKS</b>				
1	120	boxes	Specifications: 3 ply, non woven / 50 pcs per box / with soft ear loops	400.00			
			<b>ALCOHOL</b>				
2	6	boxes	Specification: 70% Ethyl/Alcohol or Isopropyl Alcohol, 4 galon per box	2,800.00			

PURPOSE: AS PART OF THE OCCUPATIONAL HEALTH AND SAFETY PROTOCOL FOR THE DSWD HFW STAFF.

PR. NO.: 2020-07-109

**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 to suspension or blacklisting in DSWD's future biddings.

  
 RENATING FOJAS  
 PROCUREMENT OFFICER

\_\_\_\_\_  
 SUPPLIER

EDTESSIE KATE M. TARROZA  
 0997-298-5599  
 kyriemk8@gmail.com  
 CANNVASSER

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

HPW-2020-11-0991

