

Republic of the Philippines
DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Area Vocational Rehabilitation Center III
Mampang, Zamboanga City

REQUEST FOR QUOTATION

RFQ NO.: 2020-12-066

DATE: 12/14/20

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

Sir/Msadam:

Please quote your lowest net 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.

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


Please accomplish and submit this form together with ANNEX A to DSWD-IX, F.O. on or before DEC. 16, 2020, 10:00 AM.

Very truly yours,

MA. CORAZON G. SUMICAD
CAO

Terms and Conditions:

- Award shall be made per: _____ Item Basis Lot Basis
- Quotation validity shall not be less than 45 days
- Good/s shall be delivered: within 30 days from receipt of Purchase Order
- Place of Delivery: AVRC-III
- Terms of Payment: 30 days after delivery
- Liquidated Damages/Penalty: one-tenth(1/10) of one percent(1%) for every 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 Philippine Government Electronic Procurement System (PhilGEPS). You may visit Philgeps website at www.philgeps.gov.php and register for free.

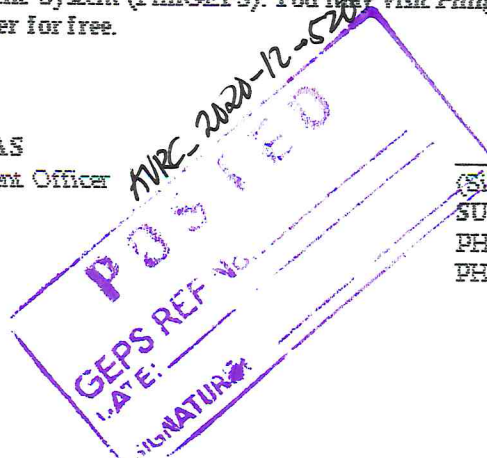

RENATO G. FOJAS
Regional Procurement Officer

(Signature over printed name)

SUPPLIER

PHILGEPS No: _____

PHILGEPS EXPIRY: _____



COMPANY NAME: _____
 COMPANY ADDRESS: _____
 CONTACT PERSON: _____

ANNEX A: RFQ
 RFQ NO.: 2020-12-066
 DATE: _____

ITEM NO.	QTY	UNIT	PURCHASER'S SPECIFICATIONS	Unit Cost	Total Cost	BIDDER'S SPECIFICATION	UNIT COST	TOTAL COST
1	29	gal	anti-Covid-19 70% Ethyl alcohol	1,000.00	29,000.00			
2	29	gal	Mineral Oil for Massage	800.00	23,200.00			
3	29	gal	Eucalyptus Oil	1,000.00	29,000.00			
4	29	bxs	Surgical Mask	1,200.00	34,800.00			
5	29	bxs	Surgical Gloves	1,000.00	29,000.00			
6	116	pcs	Bath Towel	250.00	29,000.00			
7	29	doz	Hand Towel	600.00	17,400.00			
8	290	bot	Special Liniments	140.00	40,600.00			
9	xxx	xxx	XXXXXXXXXXXXXXXXXXXXXXXXXXXX					
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PURPOSE: Livelihood Assistance for Graduates of self-employment

NOTE: TO BE AWARDED BY LOT

PR No.: 2020-12-086 dtd. 12-11-20

IMPORTANT: The winning bidder must sign the Original copy of Purchase Order (P.O.) with in five (5) days from date of receipts. Failure to sign the original P.O. means that the bidder is not interested and will be a ground to suspension or blacklisting in OSWD's future biddings.

RENATORA, FOUJAS
 RPROCUREMENT OFFICER

(SIGNATURE OVER PRINTED NAME)
 SUPPLIER

CANVASSER:

POPC-2020-12-520
POSTED
 GEPS REF No. _____
 DATE: _____
 SIGNATURE: _____