

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

REQUEST FOR QUOTATION

RFQ NO.: 2020-11-048  
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 \_\_\_\_\_.

Very truly yours,

*MA. CORAZON G. SUMICAD*  
MA. CORAZON G. SUMICAD  
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](http://www.philgeps.gov.ph) and register for free.**



*Rebato G. Fojas*  
Rebato 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.: 2020-11-048  
 DATE:

ITEM NO.	QTY.	UNIT	PURCHASER'S SPECIFICATIONS	ABC	BIDDER'S SPECIFICATIONS	UNIT COST	TOTAL COST
1	20	PCS	BED FOAM (53"x74", Good Quality)	6,500.00			
2	100	PCS	BED SHEET COVER (Fit to size 53"x74", 100% cotton, thick)	480.00			
3	200	PCS	PILLOW COVER (Large, 20"x30", 100% cotton, Assorted design that match with the bed sheet cover)	180.00			
4	200	PCS	PILLOWS (Large, 20"x30", soft, good quality)	250.00			

PURPOSE: FOR THE USE OF HOME FOR WOMEN CLIENTS.

PR. NO.: 2020-11-156

IMPORTANT: The winning bidder must sign the Original copy of Purchase Order (P.O.) within 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. FOJAS  
 RPROCUREMENT OFFICER

EDIESSIE KATE M. TARROZA  
 0997-298-5599

kyriemk8@gmail.com  
 CANNASSER

*MWP*  
**AVIC-2020-12-0488**  
**POSTED**  
 GEDS REF. No. \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_

\_\_\_\_\_  
 SUPPLIER

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