

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

REQUEST FOR QUOTATION

RFQ NO. 447
DATE: 29-Apr-21

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

GENSERY-2021-04-903
POSTED
GEPS REF No.: _____
DATE: _____
SIGNATURE: _____

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 **TECHNICAL SPECIFICATIONS** 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 submit this form together with Annex A to **DSWD FO IX BIDDING DROP BOX** on or before May 10, 2021 5:00PM

Very truly yours,

RIDUAN P. ALIMUDDIN
ARM

Terms and Conditions:

- PURPOSE** : For 2nd-4th Quarter 2021 Cleaning/Checkup of Aircon units in FO-IX Building
PR NUMBER : 2021-04-0556
1. Award shall be made on per Item Basis Lot Basis
2. Quotation validity : 30 days
3. Delivery Period : 30 Calendar Days upon Received of NTP
4. Delivery Area : DSWD FO-IX Zamboanga City
5. Term of Payment : Within 60 Calendar Days
6. Liquidated Damages/Penalty: one-tenth (1/10) of 1% one percent per day for undelivered/unperformed portion.
7. In case of discrepancy between unit cost and total cost, unit cost shall prevail.
8. Warranty: *p/a*
9. Performance Security: *p/a*
10. Prospective supplier must be registered at the Philippine Government Electronic Procurement System (PhilGEPS). You may visit Philgeps website at www.philgeps.gov.ph and register for free.


Renato G. Rojas
Regional Procurement Officer

(Signature over printed name)
Supplier
PHILGEPS NO.: _____
PHILGEPS EXPRM: _____

Department of Social Welfare and Development FO-IX
BIDS AND AWARDS COMMITTEE
For Posting
Received by: *[Signature]*
Date & Time: *4/30/2021 10:00am*
Remarks: _____

ITEM NO.	QTY	UNIT	DESCRIPTION	AMT	REQUEST'S SPREADSHEET	UNIT COST	TOTAL COST
Purchaser's specifications							
1	18	unit	For 2nd to 4th Quarter CY2013				
2	11	unit	Chartering/Charter of Four Awarded Alaska Units	79,000.00			
3	18	unit	Chartering/Charter of Small Type Alaska Units	42,900.00			
4	18	unit	Chartering/Charter of Window Type Alaska Units	80,400.00			
Purpose							
For 2nd to 4th Quarter CY2013 Chartering/Charter of Alaska units in FOUR Bids/2							
Total							
Total Amt:				162,300.00			
Business/Mayor's Permit shall be issued upon receipt of Purchase Order							
Income/ Business Tax Return shall be required for Modified Procurement under Small Value Procurement Modality with ABC above \$500,000.00 after receipt of approved contract and/or during delivery/activity before payment.							
Omnibus Sworn Statement shall be required for Modified Procurement under Small Value Procurement Modality with ABC above \$50,000.00 after receipt of approved contract and/or during delivery/activity before payment.							

Handwritten signature and date: 4/29/13

Small text at bottom center: (small text)

Small text at bottom left: Anne H. Cambridge Contract