

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

REQUEST FOR QUOTATION

RFQ NO.: 2021-07-015

DATE: July 8, 2021

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

AVRC-III-2021-07-424

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 attached in your quotation a duly notarized certification to this effect.

Please submit this form together with ANNEX A to DSWD-III, BAC OFFICE on or before July 19, 2021 5:00 PM.


RIDWAN F. ALSHIRUDDIN
 BAC Chairperson

Terms and Conditions:


PURPOSE : PPE for the use of AVRC-III Staff for CY-2021

PR NUMBER : 2021-06-028 dtd. June 1, 2021

1. Award shall be made per : _____ Item Basis Lot Basis
2. Quotation validity : 30 days
3. Delivery Period : within 30 days from receipt of Notice To Proceed
4. Delivery Area : AVRC-III
5. Terms of Payment : 30 days after delivery
6. Liquidated Damages/Penalty: 1/10 of 1% of undelivered portion x No. of days of delay
7. In case of discrepancy between unit cost and total cost, unit cost shall prevail.
8. Warranty : N/A
9. Performance Security : N/A
10. 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.

Department of Social Welfare and Development
BIDS AND AWARDS COMMITTEE

For Posting
Received by: Roseal Ofra
Date & Time: 7/8/2021 1:24pm
 Remark: _____


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.: 2021-07-015
 DATE: July 8, 2021

ITEM NO.	CITY	UNIT	PURCHASER'S SPECIFICATIONS	TOTAL AMT	BIDDER'S SPECIFICATION	UNIT COST	TOTAL COST
1	400	box	Surgical Face Mask w/soft ear loops (3 ply non-woven, 5-ply) (box)	92,800.00			
2	16	box	Alcohol (70% Ethyl) Sanitizing Wipes (box)	www.wwwww			
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PURPOSE: PPE for the use of DWR-III Staff for Cf-2021
 PR No.: 2021-08-028 dtd. June 1, 2021


 NAME: _____
 TITLE: _____
 POSITION: _____

(SIGNATURE OVER PRINTED NAME)
 SUPPLIER

CANVASER: