

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

REQUEST FOR QUOTATION

RFQ NO. 687
DATE: 03-Aug-21

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

CRCF-2021-07-439

POSTED

PHILGEPS REF No. _____

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 August 9, 2021 5:00PM

Very truly yours,
[Signature]
RIDUAN P. HADJHALIDIN
ARD

Terms and Conditions:

- PURPOSE** : For the Improvement of Laundry and Hanging Area at BDSK, Polanco ZDN
PR NUMBER : 2021-07-0823
1. Award shall be made on per : Item Basis Lot Basis
2. Quotation validity : 30 days
3. Delivery Period : 31 Calendar Days Upon Receipt of NTP
4. Delivery Area : DSWD BDSK, Polanco ZDN.
5. Term of Payment : Within 30 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: Base on Sec. #62.2.3.3 of RA 9184
9. Performance Security: Sec. 39 of RA 9184
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.

Department of Social Welfare and Development FO IX
BIDS AND AWARDS COMMITTEE
For Posting
Received by: *[Signature]*
Date & Time: *8:30am 3:45pm*
Remarks:

[Signature]
Renato G. Fojas
Regional Procurement Officer

(signature over printed name)

Supplier

PHILGEPS NO.: _____

PHILGEPS EXPIRY: _____

