

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

REQUEST FOR QUOTATION

RFQ NO. 680
DATE: 03-Aug-21

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 **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,

RIDUAN P. BAHIMUDDIN
ARD

Terms and Conditions:

- PURPOSE** : For the Improvement of Hand Railing and Grills at the Admin and Dormitory of HFW
PR NUMBER : 2021-07-0825
1. Award shall be made on per : Item Basis Lot Basis
2. Quotation validity : 30 days
3. Delivery Period : 12 Calendar Days Upon Receipt of NTP
4. Delivery Area : DSWD HFW, Mampang Z.C
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.

For Posting
Received by: Ricard Ortiz
Date & Time: 8/3/21 5:45pm
Remarks:

Department of Social Welfare and Development FO-IX
BIDS AND AWARDS COMMITTEE

Renato G. Fojas
Regional Procurement Officer

(signature over printed name)
Supplier

PHILGEPS NO.: _____
PHILGEPS EXPIRY: _____

