

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

REQUEST FOR QUOTATION

RFQ NO. 684
DATE: 03-Aug-21

CRCF-2021-07-442

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

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 August 9, 2021 5:00PM

Very truly yours,
[Signature]
RIDUAN P. HADIMUDDIN
WARD

Terms and Conditions:

- PURPOSE** : For the Repair of Roof of Admin Building at AVRC-III Mampang Z.C
PR NUMBER : 2021-07-0829
- Award shall be made on per : Item Basis Lot Basis
 - Quotation validity : 30 days
 - Delivery Period : 35 Calendar Days Upon Receipt of NTP
 - Delivery Area : DSWD AVRC, Mampang Z.C
 - Term of Payment : Within 30 Calendar Days
 - Liquidated Damages/Penalty: one-tenth (1/10) of 1% one percent per day for undelivered/unperformed portion.
 - In case of discrepancy between unit cost and total cost, unit cost shall prevail.
 - Warranty: Base on Sec. #62.2.3.3 of RA 9184
 - Performance Security: Sec. 39 of RA 9184
 - 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: 8/9/21 5:45pm
Remarks:

[Signature]
Renato G. Fojas
Regional Procurement Officer *[Signature]*

(signature over printed name)
Supplier

PHILGEPS NO.: _____
PHILGEPS EXPIRY: _____

