

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

REQUEST FOR QUOTATION

RFQ No.: 2021-07-0086

Date: July 26, 2021

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



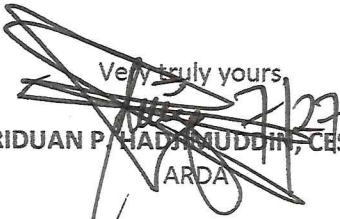
Sir/Madam:

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 BAC OFFICE** on or before

August 2, 2021 @ 5:00pm.

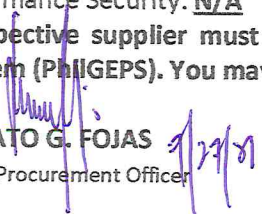
Very truly yours,

RIDUAN P. HADJI MUDDIN, CESO IV
ARDA

Term and Conditions:

PURPOSE: For the purchase of service of 1 Houseparent/Hospital Reliever for 5 months (August – December 2021).

PR NO.: 2021-07-0111

- Award shall be made on per: Item Basis Lot Basis
- Quotation validity: 30 days
- Delivery period: within 30 days upon receipt of NTP
- Delivery area: DSWD-RSCC Logoy Diutay Talon-Talon, Zamboanga City
- Terms of payment: within 60 calendar days after delivery
- Liquidated Damages/Penalty: 1/10 of 1% of undelivered portion x number of days of delay
- In case of discrepancy between unit cost and total cost, unit cost shall prevail.
- Warranty: N/A
- Performance Security: N/A
- 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. FOJAS
Regional Procurement Officer

(signature over printed name)

Supplier

PHILGEPS NO.: _____
PHILGEPS EXPIRY: _____

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

For Posting
Received by: Messy Ortiz
Date & Time: 7/27/21 4:21pm
Remarks: _____

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


ANNEX A: RFQ
 RFQ NO.: 2021-07-0086
 DATE: June 26, 2021

ITEM NO.	QTY.	UNIT	PURCHASER'S SPECIFICATIONS	TOTAL ABC	BIDDER'S SPECIFICATIONS	UNIT COST	TOTAL COST
1		service	Purchase of service of 1 Houseparent/hospital Reliever w/ NSP for 5 months (Aug.-Dec.) P# 576-56 DWR Factor-393.5	156,040.15			
	*****	*****	***** Nothing follows*****	*****			
			Business/Mayor's Permit shall be issued upon receipt of Purchase Order				

PURPOSE: For the purchase of service of 1 Houseparent/Hospital Reliever for 5 months (August – December 2021).
 PR NO.: 2021-07-0111

IMPORTANT: The winning bidder must sign the Original copy of Purchase Order (P.O.) with in five (5) days from the date of receipt. Failure to sign the original P.O. means that the bidder is not interested and will be a ground to suspension or blacklisting in DSWD's future biddings.

RENATO G. FOIAS
 Procurement Officer



KRISTELL CLAIRE TAN-ARANETA
 Canvasser

 (Signature over printed name)
 Supplier