

REQUEST FOR QUOTATION

RFQ NO. 2021-945
DATE: SEPTEMBER 24, 2021

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

RRCY-2021-09-648

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 BAC OFFICE** on or before October 4, 2021 5:00 PM.

Very truly yours,

[Signature]
RIBUAN F. RADJIMUDDIN
ARDA

Terms and Conditions:

PURPOSE : MEDICINE EXPENSES FOR RRCY

PR NUMBER: 2021-09-1081

- Award shall be made on per : ☐ Item Basis ☒ Lot Basis
- Quotation validity: **30 CALENDAR DAY**
- Delivery Period: **Within 15 days upon receipt of approved NTP**
- Delivery Area: **RRCY POLANCO**
- Terms of payment: **WIN 60 WORKING CALENDAR DAYS**
- Liquidated Damages/Penalty : 1/10 of 1% of undelivered portion x No. of days of delay
- In case of discrepancy between unit cost and total cost, unit cost shall prevail.
- Warranty: *Not subject to 1% for warranty part.*
- Performance Security: **N/A**

9. 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.

[Signature]
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: *[Signature]*
Date & Time: 9/27/21 2:26pm
Remarks:

COMPANY NAME: DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
COMPANY ADDRESS: GEN.VICENTE ALVAREZ ST. ZAMBOANGA CITY
CONTACT PERSON:
CONTACT NO.:

ANNEX A: RFQ
RFQ NO.: 2021-945
DATE: SEPTEMBER 24,2021

ITEM NO.	QTY.	UNIT	PURCHASER'S SPECIFICATIONS	ABC	BIDDER'S SPECIFICATIONS	UNIT COST	TOTAL COST
20	20	AMPULE	ANTI TETANUS SERUM				
450	450	BOXES	SODIUM ASCORBATE 500 MG				
450	450	BOXES	SURGICAL MASK 3 PLY				
20	20	BOTTLE	GLUCOMETER STIPS 25PCS	645,562.50			
10	10	PACK	STERILE DISPOSABLE LANCETS				
200	200	TAB	LOSARTAN 50MG 12.5 MG				
20	20	BOXES	CARBOCISTEINE 500MG				
50	50	BOXES	CETIRIZINE HYDROCHLORIDE 10MG				
100	100	BAR	SULFUR SOAP				
250	250	BOTTLE	ALCOHOL 470 ML 70% SOLUTION ISOPROPHYL				
15	15	TUBE	FUNGISOL 8ML				
400	400	PCS	N95 MASK NON VALVE				
100	100	BOTTLE	BENZOIC ACID+ SALICYLIC ACID + RESOCRINOL (AP-AP SOLUTION 120 ML				
50	50	BOTTLE	PROVIDONE IODINE BETADINE GARGLE 500ML				
10	10	BOXES	IBUPROFEN 200MG				
15	15	BOXES	CLINDAMYAN 300MG				
5	5	BOXES	LOPERAMIDE 2MG				
20	20	BOXES	MEFENAMIC ACID 500MG				
20	20	BOTTLE	GLUCOMETER STIPS 25PCS				
10	10	BOXES	PARACETAMOL+CHLORPHENAMINE 500MG				
20	20	BOTTLE	GLUCOMETER STRIPS				
20	20	BOXES	PARACETAMOL 500MG TABLET				
5	5	BOXES	NON-STERILE GLOVES POWDER FREE				
20	20	BOXES	WATER SOLUBLE POLYMER/PARABEN/MENTOL				
150	150	BOTTLE	LYSOL SMALL 538 G				

	20	AMPULE	TETANUS TOXOID 5000 IU				
	200	PACK	DICHLOROBENZYL ALCOHOL/AMYLACRESOL (cool)				
	5	BOXES	ANMOXICLIN 500MG				
	3	BOTTLE	STERILE OPHTHALMIC SOLUTION DROPS				
	5	BOXES	ANTACID 650 MG				
	10	BOTTLE	45X540140 120 ML				
			Income/Business tax return shall be required for negotiated procurement under small value procurement modality with ABC above P500,000.00 after receipt of approved contract and/or during delivery/activity before payment				
			Omnibus Sworn Statement shall be required for negotiated procurement under small value procurement modality with ABC above P500,000.00 after receipt of approved contract and/or during delivery/activity before payment				
			Business/Mayor's permit shall be submitted upon receipt of Purchase Order				



RENATO G. ROJAS

RPURCHURMENT OFFICER



CANVASSER

(SIGNATURE OVER PRINTED NAME)

SUPPLIER