

210922-650



REQUEST FOR QUOTATION

RFQ NO. 2021-944  
DATE: SEPTEMBER 24, 2021

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

RRCY-2021-09-650  
**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,  
  
RIDUAN R. HADJIMUDDIN  
ARDA

Terms and Conditions:

PURPOSE : MEDICAL SUPPLIES/EQUIPMENT

PR NUMBER: 2021-09-1080

1. Award shall be made on per :  Item Basis  Lot Basis

2. Quotation validity: 30 CALENDAR DAY

3. Delivery Period: Within 15 days upon receipt of approved NTP

4. Delivery Area: RRCY POLANCO

5. Terms of payment: W/IN 60 WORKING CALENDAR DAYS

6. Liquidated Damages/Penalty : 1/10 of 1% of undelivered portion x No. of days of delay

7. In case of discrepancy between unit cost and total cost, unit cost shall prevail.

8. Warranty: N/A

9. 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](http://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  
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