

REQUEST FOR QUOTATION

RFQ NO.: 2022-06-012
DATE: June 1, 2022

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

AVRC-2022-08-440


POSTED
GEPS REF NO. _____
DATE: 08/24/22
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 attached 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 Aug. 30, 2022, 5:00 PM.

Very truly yours,

RIDUAN P. ADJEMUDDIN
BAC Chairperson

Terms and Conditions:

PURPOSE : Uniform of PWDs on Social and Vocational Rehabilitation
PR NUMBER : 2022-03-008 dtd. March 1, 2022

- Award shall be made per : _____ Item Basis Lot Basis
- Quotation validity : 30 days
- Delivery Period : as per schedule days upon receipt of Purchase Order
- Delivery Area : AVRC-III
- Terms of Payment : 30 days after delivery
- Liquidated Damages/Penalty: 1/10 of 1% of undelivered portion x No. of days of delays
- 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.php and register for free.


EARWYNN TIMBANG
Regional Procurement Officer

(Signature over printed name)

Department of Social Welfare and Development
BIDS AND AWARDS COMMITTEE
For Posting

SUPPLIER
PHILGEPS No.: _____
PHILGEPS EXPIRY: _____

Received by: Fadarsi
Date & Time: 08/24/22 @ 01:25 PM
Remarks: _____

COMPANY NAME: _____
 COMPANY ADDRESS: _____
 CONTACT PERSON: _____
 CONTACT NO: _____

ITEM NO.	QTY	UNIT	PURCHASER'S SPECIFICATIONS	TOTAL ABC	BIDDER'S SPECIFICATION	UNIT COST	TOTAL COST
1	10	pairs	Scrub Suit Old Rose(Topper & Lower)small	75,000.00			
2	10	pairs	Scrub Suit Old Rose(Topper & Lower)medium	vvvvvvvv			
3	10	pairs	Scrub Suit Old Rose(Topper & Lower)large				
4	10	pairs	Scrub Suit Pink(Topper & Lower)small				
5	10	pairs	Scrub Suit Pink(topper & Lower)medium				
6	10	pairs	Scrub Suit Pink(Topper & Lower)large				
7	10	pairs	Scrub Suit Blue(Topper & Lower)small				
8	10	pairs	Scrub Suit Blue(Topper & Lower)medium				
9	10	pairs	Scrub Suit Blue(Topper & Lower)large				
10	10	pairs	Scrub Suit Gray(topper & Lower)small				
11	10	pairs	Scrub Suit Gray(topper & Lower)medium				
12	10	pairs	Scrub Suit Gray(topper & Lower)large				
13	10	pairs	Scrub Suit(White Topper, Black Lower Chef,s suit w/chef,s hat)small				
14	10	pairs	Scrub Suit(White Topper, Black Lower Chef,s suit w/chef,s hat)medium				
15	10	pairs	Scrub Suit(White Topper, Black Lower Chef,s suit w/chef,s hat)large				
16	xxxx	xxxx	xx				
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PURPOSE: Uniform of PWDS on Social and vocational Rehabilitation
 PR No.: 2022-03-008 dtd. March 1, 2022

EARWYNN TIMBANG
 PROCUREMENT OFFICER

CANVASSER:

(SIGNATURE OVER PRINTED NAME)
 SUPPLIER