



REQUEST FOR QUOTATION

RFQ NO. 985
 DATE: October 05, 2022

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

SWADT-IPIL-2022-10-570
POSTED
 GEPS REF No.: _____
 DATE: 10/06/22
 SIGNATURE: [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 Oct. 17, 2022 5:00PM

Very truly yours,

 RENAYO G. FOJAS
 AO-V 10/6/22

Terms and Conditions:

- PURPOSE** : **Repair of Concrete pavement of SWADT-Ipil**
PR NUMBER : **2022-10-0986**
- Award shall be made on per : Item Basis Lot Basis
 - Quotation validity : **30 days**
 - Delivery Period : **07 Days Upon Received of PO**
 - Delivery Area : **DSWD - SWADT-Ipil**
 - 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:
 - Performance Security:
 - 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: Ferdousi
 Date & Time: 10/06/22
 Remarks: Posting

Take Note:

- Business/Mayor's Permit CY 2022**
- Incom/ Business Tax return for ABCs Above P500K**
- Omnibus Sworn Statement for ABCs Above P50K**

(signature over printed name)

Supplier

PHILGEPS NO.: _____
 PHILGEPS EXPIRY: _____

