

REQUEST FOR QUOTATION

Section 53.9b - SVP - Goods

RFQ NO. 02-0032

DATE: 02/17/2023

HPW - 2023 - 02 - 032

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

POSTED
 GEPS REF No. _____
 DATE: 02/17/2023
 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 February 27, 2023
@ 5:00 pm.

Very truly yours,

RENATO G. FOJAS
 Regional Procurement Officer

Terms and Conditions:

PURPOSE: PROCUREMENT OF SERVICE : LABOR SERVICES FOR MAINTENANCE OF AIRCON AT HOME FOR WOMEN

PR NUMBER: 2023-02-0032

- | | | | |
|--|---|---|---|
| 1. Award shall be made on per | : | <input type="checkbox"/> Item Basis | <input checked="" type="checkbox"/> Lot Basis |
| 2. Quotation validity | : | 30 CALENDAR DAYS FROM BID OPENING | |
| 3. Goods shall be delivered on | : | QUARTERLY | |
| 4. Delivery Area | : | HOME FOR WOMEN, DSWD COMPOUND, MAMPANG, ZAMBOANGA CITY | |
| 5. Terms of payment | : | WI IN 60 CALENDAR DAYS AFTER DELIVERY | |
| 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 | : | <u>N/A</u> | |
| 9. Performance Security | : | <u>N/A</u> | |

Department of Social Welfare and Development - FO IX
BIDS AND AWARDS COMMITTEE
 For Posting
 Received by: FEDELA
 Date & Time: 02/20/2023 @ 8:26am
 Remarks: _____

Supplier

PHILGEPS NO.: _____
 PHILGEPS EXPIRY: _____

