

**REQUEST FOR QUOTATION**

**Section 53.9b - SVP - Goods**

RFQ NO. 04-0462  
DATE: April 17, 2023

GENSTATE-2023-04-0462

**POSTED**

COMPANY NAME  
COMPANY ADDRESS  
CONTACT PERSON  
CONTACT NO.  
COMPANY TIN

Sir/Madam:

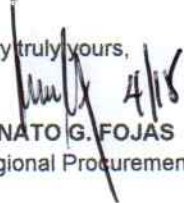
CEPS REF. No. 04/18/2023  
DATE: 04/18/2023  
SIGNATURE: [Signature]

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

April 24, 2023 @ 5:00pm

Very truly yours,  
  
**RENATO G. FOJAS**  
Regional Procurement Officer

Terms and Conditions:

- |  |   |  |
|--|---|--|
| <b>PURPOSE</b>   | : | For the Replacement of Defective Parts for 3 Units Floor Mounted ACU at DSWD FO-IX, Z.C. |
| <b>PR NUMBER</b>   | : | <b>2023-04-0462</b>  |
| 1. Award shall be made on per  | : | <input type="checkbox"/> Item Basis <input checked="" type="checkbox"/> Lot Basis        |
| 2. Quotation validity  | : | 60 CALENDAR DAYS FROM BID OPENING  |
| 3. Goods shall be delivered on   | : | <b>30 Calendar Days Upon Receive of NTP</b>  |
| 4. Delivery Area   | : | <b>DSWD FO-IX</b>  |
| 5. Terms of payment  | : | W/ 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>   |

**Please email your request for quotation and annex a at [bacrfq.dswdfo9@gmail.com](mailto:bacrfq.dswdfo9@gmail.com)**

(signature over printed name)

Supplier

PHILGEPS NO.: \_\_\_\_\_  
PHILGEPS EXPIRY: \_\_\_\_\_

