



ADMINISTRATIVE DIVISION

PROCUREMENT MANAGEMENT SECTION

DSWD-GF-002 | REV 02 | 17 AUG 2022

REQUEST FOR QUOTATION

Section 52.1b - Shopping

2023-4-535 RFQ NO. 4-26-23 DATE:

PANTAWID - 2023

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

Sir/Madam:

SIGNATURE Please quote your government price/s including delivery charges, VAT or other applica 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

05:00 pm MAY 0 2 2023

> Very truly VOLIES

RENATO G

Regional Procurement Officer

Terms and Conditions:

PURPOSE

Foe the use Pantawid provincial offices inb ZSP, ZCIC, ZDN

PR NUMBER

1. Award shall be made on per

Item Basis

√ Lot Basis

2. Quotation validity

20 CALENDAR DAYS FROM BID OPENING

3. Goods shall be delivered on

20 DAYS UPON RECIEPT OF APPROVED NTP

DSWD FIELD OFFICE IX ZAMBOANGA CITY, ZSP, ZDN

5. Terms of payment

4. Delivery Area

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

N/A

9. Performance Security

N/A

Please email your accomplished request for quotation and annex A at bac.dswdfo9@gmail.com

(signature over printed name)

Supplier

PHILGEPS NO. PHILGERS EXPIRY:

BIDS AND AWARDS COMMITTEE

Post

Date & Time:

Remarks:

Department of Social Welfare and







ADM PROCURE! Sectio

ANNEX A: RFQ
RFQ NO. :
DATE :

COMPANY NAME

CONTACT NO. CONTACT PERSON

PR. NO.

2023-4-535

DOCUMENT/S REQUIRED DURING RFQ OPENING:

1. Mayor's Permit

2. Philgeps Registration Number

(SIGNATURE OVER PRINTED NAME) SUPPLIER

AUN GLOVA