

**REQUEST FOR QUOTATION**

Section 53.9b - SVP - Goods

RFQ NO. 2023-03-0325  
DATE: 03/22/2023

*EPAHP-2023-05-0284*

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

**POSTED**  
GEP'S REF. No. 9726037  
DATE: 5/5/2023  
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 BAC OFFICE** on or before

*MAY 9, 2023 @ 9:00am*  
~~APRIL 3, 2023~~

Very truly yours,

**RENATO G. FOJAS**  
Regional Procurement Officer

Terms and Conditions:

**PURPOSE** : (VAN RENTAL) FOR THE CONDUCT OF EPAHP REGIONAL CONVERGENCE TEAM (RCT) IX MID-YEAR ASSESMENT AND PLANNING WORKSHOP ON JUNE 27-29, 2023 IN PAG. CITY

**PR NUMBER** : **2023-03-0325**

1. Award shall be made on per :     Item Basis  Lot Basis

2. Quotation validity : 30 CALENDAR DAYS FROM BID OPENING

3. Goods shall be delivered on : **JUNE 27-30, 2023**

4. Delivery Area : **ZAMBAONGA CITY TO PAGADIAN CITY & VICE VERSA**

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 : N/A

9. Performance Security : N/A

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

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

Received by: \_\_\_\_\_  
Date & Time: \_\_\_\_\_  
Remarks: \_\_\_\_\_

(signature over printed name)

Supplier

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

