

REQUEST FOR QUOTATION

Section 53.9b - SVP - Goods

RFQ NO. 05-0658

DATE: May 15, 2023

GENCORVE - 2023-05-0315

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

Sir/Madam:

POSTED
GEP'S REF NO: 9754153
DATE: 5/15/2023
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

May 22, 2023 @ 5:00pm

Very truly yours,

[Signature]

RENATO G. FOJAS
Regional Procurement Officer

Terms and Conditions:

- | | | |
|--|---|---|
| PURPOSE | : | For the use in the Repair and Maintenance of DSWD FO-IX Vehicles. |
| PR NUMBER | : | 2023-05-0658 |
| 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 | : | 30 Calendar Days Upon Receive of NTP |
| 4. Delivery Area | : | DSWD FO-IX |
| 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

Department of Social Welfare and Development FO-IX
BIDS AND AWARDS COMMITTEE
For Posting
Received by: [Signature]
Date & Time: 5/15/2023 10:30am

(signature over printed name)

Supplier

PHILGEP'S NO.: _____
PHILGEP'S EXPIRY: _____



