

REQUEST FOR QUOTATION

Section 53.9b - SVP - Goods

RFQ NO. 06-0853
 DATE: 6-Jun-2023

COMPANY NAME
 COMPANY ADDRESS
 CONTACT PERSON
 CONTACT NO.
 COMPANY TIN

DRMD-2023-06-0400

POSTED
 GEPS REF No.:
 DATE: *6/10/2023*
 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

JUNE 10, 2023 @ 08:00 AM

Very truly yours,

[Signature]
Rolando V. Cueva
 Regional Procurement Officer

Terms and Conditions:

- | | |
|--|---|
| PURPOSE | : CELEBRATION NATIONAL DISASTER RESILIENCE MONTH CELEBRATION 2023 |
| PR NUMBER | : 2023-06-0853 |
| 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 | : WIN 15 WORKING DAYS UPON RECEIPT OF NOTICE TO PROCEED |
| 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 accomplished 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: *Ferdinand*
 Date & Time: *08:10 6/10/2023*
 Remarks: *Posting*

(signature over printed name)

Supplier

PHILGEPS NO.: _____
 PHILGEPS EXPIRY: _____





 **DSWD**
Department of Social Welfare and Development

THE DSWD FIELD OFFICE IX JOINS IN THE CELEBRATION OF THE
**NATIONAL DISASTER
RESILIENCE MONTH**

