

ADMINISTRATIVE DIVISION

PROCUREMENT MANAGEMENT SECTION

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

REQUEST FOR QUOTATION

Section 52.1b - Shopping

2023-6-1023 DATE: 6/27/23

PANTALEID - 2023 - 07-1023

GEPS REF No.

Sir/Madam:

COMPANY NAME

COMPANY ADDRESS CONTACT PERSON CONTACT NO. COMPANY TIN

Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other inc expenses for the goods listed in Annex A. Failure to indicate TECHNICAL SPECIFICATIONS could be basis for noncompliance. 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

ROLANDO V, CUEVA

Regional Procurement Officer

Terms and Conditions:

PURPOSE

FOR TH USE OF PANTAWID STAFF CY 2023

PR NUMBER

2023-6-1023

1. Award shall be made on per

__ Item Basis

√ Lot Basis

2. Quotation validity

10 CALENDAR DAYS FROM BID OPENING

3. Goods shall be delivered on

20 DAYS UPON RECIEPT OF APPROVED NTP

4. Delivery Area

DSWD FIELD OFFICE IX RPMO 4P'S 3RD FLOOR ZAMBOANGA CITY

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 bac.dswdfo9@gmail.com

(signature over printed name)

Supplier

PHILGEPS NO .:

PHILGEPS EXPIRY:



MODIFICATION TANGEMENTS

DEMO-DE-003 | HEY-03 | 17 AUG-2022

Swaffon BE-19 - Shapping

ANNEX A: RFQ

COMPANY HAME COMPANY ADRESS CONTACT PERSON CONTACT NO.

				O1		3	342	-	ON Wall
				20	0-	934	2700	1600	OIY.
				UNITS	UNITS	BXS	BOTL	8XS	UNIT
54				HIMIDIFIER SOLUTION DISINFECTANT 12 IN 1 DISINFECTANT 3.2L CITRUS SCENT, KILLS	AUTOMATIC ELECTRONIC BLODD PRESSUR MONITOR UPPER ARM CORDLESS 223-43 CM	100'S CAPSULE/BX	ISOPROPYL ALCOHOL 70% ANTISEPTIC @ 500ML	DISPOSAL FACEMASK 3 PLY FOR ADULT & W/ APPROVED FDA	PURCHASER'S SPECIFICATIONS
			980,000.00						TOTAL ABC
						W.			BIDDER'S SPECIFICATIONS
									UNIT COST
									TOTAL COST

PURPOSE

PR. NO.

2023-6-1023

DOCUMENT/S REQUIRED DURING RFQ OPENING:

1. Mayor's Permit

2. Philgeps Registration Number

MUN GLOVA

(SIGNATURE OVER PRINTED NAME)

SUPPLIER

FOR TH USE OF PANTAWID STAFF CY 2023