

REQUEST FOR QUOTATION

Section 52.1b - Shopping

RFQ NO. **06-0873**

DATE: **08/08/2023**

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

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 Aug. 14, 2023
at 05:00 PM

Very truly yours,

ROLANDO CUEVA
Regional Procurement Officer

Terms and Conditions:

PURPOSE: PROCUREMENT OF ADDITIONAL MEDICINES AND MEDICAL EQUIPMENT FOR THE USE OF HOME FOR WOMEN CLIENTS.

PR NUMBER: 2023-06-0873

- | | | | |
|--|---|---|---|
| 1. Award shall be made on per | : | <u> </u> Item Basis | <input checked="" type="checkbox"/> Lot Basis |
| 2. Quotation validity | : | 30 CALENDAR DAYS FROM BID OPENING | |
| 3. Goods shall be delivered on | : | 15 DAYS UPON RECEIPT OF NTP | |
| 4. Delivery Area | : | HOME FOR WOMEN, DSWD COMPOUND, MAMPANG, 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 | : | <u>N/A</u> | |
| 9. Performance Security | : | <u>N/A</u> | |

Department of Social Welfare and Development BIDS AND AWARDS COMMITTEE For Posting	Received by: <u>Engr. Rolando Cueva</u>
	Date & Time: <u>08/08/2023</u>
	Remarks: <u>Posting</u>

Supplier

PHILGEPS NO.: _____

PHILGEPS EXPIRY: _____

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 CONTACT NO.: _____

 ANNEX A: RFQ
 RFQ NO. : **06-0873**
 DATE : **8-Aug-2023**

ITEM NO.	QTY.	UNIT	PURCHASERS SPECIFICATIONS	TOTAL ABC	BIDDER'S SPECIFICATIONS	UNIT COST	TOTAL COST
1	1	unit	Sphygmomanometer (Aneroid) Dual scale display for easy and clear reading, Sturdy and durable, surface spray treatment, anti-corrosion, wear-resistant, beautiful, Anti-leakage, Big brand, worth buying, authentic guarantee				
2	50	box	RISPERIDONE (2mg Film coated tablet, 90 tabs per box)				
3	50	box	OLANZAPINE (10mg / 28tabs per box)				
4	50	box	CLOZAPINE (100mg / 30 tabs per box)				
5	30	bots	Paracetamol for toddlers or children (120mg / 5ml - 60ml)				
6	30	box	Cloxacillin Sodium Capsule (500mg - 100caps per box)				
7	30	box	Cloxacillin Sodium Oral Solution (250mg / 5ml - 60ml)				
8	20	box	CAPTROPIL (25MG, 100s per box)				
9	20	box	ASPIRIN (80MG, 100s per box)				
10	50	box	LITHIUM CARBONATE (450MG, 100s per Box)				
				877,300.00			

11	50	box	CHLORPROMAZINE (200MG, 100s per box)				
12	50	box	CARBAMAZEPINE (200MG, 100s per box)	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			

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[Signature]

EDTESSIE KATE M. TARROZA
CANVASSER
0997-298-6599

DOCUMENTS REQUIRED DURING RFO OPENING:
1. Mayor's Permit
2. Philgeps Registration Number

DSWD Field Office IX, General Vicente Alvarez Street, Zamboanga City, Philippines 7000
Website: <http://www.dswd.gov.ph/tb9@dswd.gov.ph> Tel No.s: (052) 991-6030/991-6056 Telefax: (052)993-0652

SUPPLIER _____

