

**REQUEST FOR QUOTATION**

Section 52.1b - Shopping

RFQ NO. 03-0342  
DATE: 16-Apr-2024

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

*BDSK - 2024-04-0342*  
**POSTED**  
SEPS REF NO: *10758399*  
DATE: *4/16/2024*  
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

*April 26, 2024 @ 5:00 pm*

Very truly yours,

*[Signature]*

**ROLANDO V. CUEVA**  
Regional Procurement Officer

Terms and Conditions:

- |  |   |   |
|--|---|---|
| <b>PURPOSE</b>   | : | MEDICAL, DENTAL AND LABORATORY SUPPLIES EXPENSES FOR BDSK POLANCO JANUARY-JUNE 2024 |
| <b>PR NUMBER</b>   | : | <b>2024-03-0342</b>   |
| 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   | : | <b>WIN 14 CALENDAR DAYS UPON RECEIPT OF NOTICE TO PROCEED</b> <i>BDSK</i>           |
| 4. Delivery Area   | : | <b>DSWD FO IX / RRCY, Polanco ZDN</b>   |
| 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   |

(signature over printed name)

Supplier

PHILGEPS NO.: \_\_\_\_\_

PHILGEPS EXPIRY: \_\_\_\_\_



