

**REQUEST FOR QUOTATION**

Section 53.9b - SVP - Goods

RFQ NO. **01-0010**  
DATE: **4/3/2024**

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

*HFW-2024-04-10*  
**POSTED**  
GEPS REF No. *10722113*  
DATE: *4/3/2024*  
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 08, 2024 @ 5:00PM**

Very truly yours,

**ROLANDO CUEVA**  
Regional Procurement Officer

Terms and Conditions:

**PURPOSE: PROCUREMENT OF SERVICE OF PEST CONTROL SERVICE AT HOME FOR WOMEN.**

**PR NUMBER : 2024-03-0010**

- |  |   |  |   |
|--|---|--|---|
| 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>APRIL TO DECEMBER 2024</b>                            |   |
| 4. Delivery Area   | : | <b>HFW, DSWD COMPOUND, MAMPANG, ZAMBOANGA CITY</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  | : | <i>N/A</i>   |   |
| 9. Performance Security  | : | <i>N/A</i>   |   |

Supplier

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

