

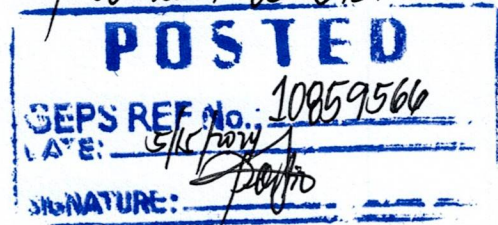
REQUEST FOR QUOTATION

Section 52.1b – Shopping

RFQ No.: 2024-04-0717

Date: May 15, 2024

RSCC-2024-05-0717



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

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

May 20, 2024 @ 5:00 pm

Very truly yours

ROLANDO V. CUEVA
 Regional Procurement Officer

Term and Conditions:

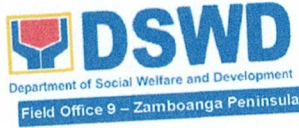
- PURPOSE:** For the medical needs of RSCC children.
PR NO.: 2024-04-0717
- Award shall be made on per: Item Basis Lot Basis
 - Quotation validity: **30 calendar days from bid opening**
 - Goods shall be delivered on: **15 days upon receipt of NTP**
 - Delivery area: **DSWD-RSCC Logoy Diutay Talon-Talon, Zamboanga City**
 - Terms of payment: **within 60 calendar days after delivery**
 - Liquidated Damages/Penalty: **1/10 of 1% of undelivered portion x number of days of delay**
 - In case of discrepancy between unit cost and total cost, unit cost shall prevail.
 - Warranty: **N/A**
 - Performance Security: **N/A**

(Signature over printed name)

Supplier

PHILGEPS NO.: _____
 PHILGEPS EXPIRY: _____





Section 52.1b – Shopping

ANNEX A: RFQ
 RFQ NO.: 2024-04-0717
 DATE: May 15, 2024

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

ITEM NO.	QTY.	UNIT	PURCHASER'S SPECIFICATIONS	TOTAL ABC	BIDDER'S SPECIFICATIONS	UNIT COST	TOTAL COST
	1	Lot					
1	2	pcs	Aneroid Sphygmomanometer Blood Pressure Device				
2	2	pcs	Aneroid Sphygmomanometer Blood Pressure Device for Pedia				
3	1	pc	Stethoscope double dual head single tube				
4	1	pc	Stethoscope double dual head single tube for pediatric				
5	150	tabs	Risperidone 2mg tablet				
6	200	tabs	Clozapine 100mg tablet				
7	200	caps	Melatonin capsule				
8	200	tabs	Clonazepam 2mg tablet				
9	100	tabs	Clonazepam 0.5mcg tablet				
10	200	tabs	Biperiden HCL 2mg				
	****	*****	*****Nothing follows*****	61,950.00			

Purpose: For the medical needs of RSCC children.
 PR No.: 2024-04-0717

DOCUMENT/S REQUIRED DURING RFQ OPENING:

1. Mayor's Permit
2. Philgeps Registration Number

Kristell Claire Tan-Araneta
KRISTELL CLAIRE TAN-ARANETA
 Canvasser / 09054586603

 (Signature over printed name)
 Supplier

