

REQUEST FOR QUOTATION

Section 53.9b - SVP - Goods

RFQ NO.	2024-09-1348
DATE:	5-Oct-2024
DRMD-2	024-09-01348
PO	ISTED
GEPS REP	No: 11331400
DATE:	Oct. 07, 2024
SIGNATURE:	

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 14 001 2024 @ 05:00 PM

Very truly yours,

Regional Procurement Officer

Terms and Conditions:

PURPOSE

TO BE DISTRIBUTED TO QRT MEMBERS

PR NUMBER

2024-09-1348

1. Award shall be made on per

_ Item Basis

√ Lot Basis

2. Quotation validity

15 CALENDAR DAYS FROM BID OPENING

3. Goods shall be delivered on

25 DAYS UPON RECEIPT OF PO

4. Delivery Area

DSWD FO9

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 bacrfq.dswdfo9@gmail.com

(signature over printed name)

Supplier

PHILGEPS NO .:

PHILGEPS EXPIRY:





COMPANY NAME
COMPANY ADRESS
CONTACT PERSON
CONTACT NO.

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AND LOCATION	12.DISPOSABLE FACEMASK	11. COTTON RUBBER COATED GLOVES	10. DISPOSABLE GLOVES	9. REGULAR TRIANGULAR BANDAGE	8. ELASTIC BANDAID	7. MICROPHONE TAPE	6.STERILE GAUGE PAD	5. SAFETY PINS	4. ALCOHOL	3. BAND AID	2. PROVIDONE	1. ALCOHOL WIPES	FIRST AID	6. LOPERAMIDE CAPSULE 2 MG USE FOR DIARRHEA , 2 PCS	5. PAIN RELEIVER FILM COATED TABLET 250 MG, 2 PCS	4. ANTIBIOTIC 500 MG CAPSULE A COMMONLY PRESCRIBE ANTIBIOTIC TO TREAT BACTERIAL INFECTION , 2 PCS	3. PARACETAMOL TABLET PARACETAMOL 500 MG + NIMESULIDE (100 MG). 2 PCS	2. ANTI-HYPERTENSIVE DRUG: ROUND, WHITE IMPRINTED WITH MC4 , 2 PCS	1. ANTI-HISTAMINE:5GM/PSEUDOEPHEDRINE HEL 120MG TABLET, 2 PCS	MEDICINES	8. CUP NOODLES	5.BEEF FULL SACHET	4. MINT CHEWING GUM IN A BLISSTER PACK 8 PCS PER PACK, 1 PC	3. CRACKER 2.G G PER SINGLE PACK : 3PCS OF CRACKERS PER PACK, 2 PCS	2. NUTS GREASELESS SALTED PEANUT IN A RESEALABLE PACK OF 100G, 1PC	1.TUNA 155G,EASY OPEN CAN 1 PC	FOOD PACK	8. SANITARY NAPKIN COTTON	7. POWDER DETERGENT 60G, 1 SACHET	6. TOILET PAPER	5. SMALL WET WIPES 26X31 INCHES,MAY BE COLORED IFPLAIN WHITE 1 PC .	4. SHAMPOO WITH CONDITIONER 5.5 MLSACHET, 1 PC	3. BATH SOAP SMALL 25g 1PC	2. TOOTH PASTE	1. TOOTHBRUSH (INFUSED BRISTLES)	HYGIENE CARE	BAG	SPECS:	EMERGENCY GO BAG	FUNCTIAGEN 3 GEOGRICATIONS
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ANNEX A: RFQ RFQ NO. : DATE :

2024-09-1348 2024-10-05

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	21 WHISTLE	20 DRIFT BAG	18. FLASHLIGHT	18. SOS KIT	17. HARD HAT	16. THERMAL BLANKET	15, DUCT TAPE	14. WATERPROOF ENVELOPE

PURPOSE TO BE DISTRIBUTED TO QRT MEMBERS

2024-09-1348

PR. NO.

ZENE A. INSONG

CANVASSER

DOCUMENTS REQUIRED DURING RFQ OPENING:

(SIGNATURE OVER PRINTED NAME) SUPPLIER

1. Mayor's Permit

2. Philgeps Registration Number

3. Income/Business Tax Return for ABC's Above 500k

DOCUMENT/S REQUIRED BEFORE ISSUANCE OF NOTICE OF AWARD:
1. Omnibus Sworn Statement for ABC's Above 500k

DSWD Field Office IX , General Vicente Alvarez Street, Zamboanga City, Philippines 7000 Website: http://www.dswd.gov.phi?69@dswd.gov.ph Tel Nos.:(062) 991-6030/991-6056 Telefax: (062)993-0652

