DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

IBP Road, Constitution Hills, Quezon City

REQUEST FOR QUOTATION

| | | RFQ No. | 20-0822 SHOPPING B |
|--|---|--|---|
| | | Date: | September 4, 2020 |
| Company Name : | | , | |
| Company Address : | | | |
| Contact Person : | | | |
| Contact No. : | | | |
| Philgeps Reg. No.: | | | |
| | | | |
| Company TIN: | | | |
| Sir/Madam: | | | |
| ior are deces usted til | emment price/s including delivery charg Annex A. Failure to indicate informat atalogues, literatures and/or samples, if | tion could be basis fr | icable taxes, and other incidental expenses or non - compliance. Also, furnish us with |
| If you are the exclusive quotation a duly notarize | manufacturer, distributor or agent in the | Philippines for the go | ods listed in Annex A please attach in you |
| As a condition for awa | and you will be recovered to the second | | |
| notice. The updated C PhilGEPS Registration | elulication Platinum Membership m | our Mayor's/Business ay be submitted in I | s Permit, within 24 hours from receipt or ieu of the Mayor's/Business Permit and |
| Please accomplish and | and the last the first of the second | | |
| Please accomplish and | submit this form together with Annex | A and all the required | documents to DSWD -BAC Secretariat a |
| Ground floor, DSVVD-CC | Building, IBP Road, Constitution Hills. | Quezon City or fav | it through number 954-7446 as asset to |
| quotations@gswg | .gov.pn not later than 3:00 P.M of | September 2020 | Ountations submitted to different for |
| number(s) or email ac | Idress(es) as stated above shall no | ot be considered for | evaluation |
| | | | /ery truly yours, |
| | | • | cry truly yours, |
| | | | Loury |
| | | 1 v | VILLIAM V. GARCIA JR. |
| | | V * | Officer-in-Charge, PMS |
| | | Procuremen | Planning & Management Division |
| Terms and Conditions: | | | a management Division |
| Award shall be mad | | al Quoted Price | Lot Basis |
| Quotation validity s | hall not be less than Sixty (60) ca | | deadline of submission of quotations |
| Good/s shall be del | ivered within Fifteen (15) Working | days upon receipt of | nurchase order |
| Place of Delivery: | DSWD-PS Warehouse, DSWD Cent | ral Office, IBP Road. | Batasan Hills Ouezon City |
| | | | |
| Terms of Payment: | within 15-30 days upon complete s | submission of suppor | rting documents |
| Payment through L | DDAP-ADA (List of Due and Demanda | able Accounts Pavab | le-Advise to Debit Account) |
| Account Name : | | Account Num | ber: |
| BankName: | | Branch : | |
| *Note: Non Land E | lank of the Philippines accounts shall | l be charged a service | e fee. |
| Liquidated Damage | s/Penalty: In case of failure to mak | e full delivery within | the time enseitled shows the |
| amount of the liqu | idated damages shall be at least equa | al to one-tenth of one | norcent (0.001) of the cent of the |
| unperformed porti | on for every day of delay. Once the ci | umulative amount of | liquidated damages reaches ten |
| percent (10%) of th | te amount of the contract, the Procur | ing Entity may rescin | d or terminate the contract without |
| prejudice to other | courses of action and remedies avail | able under the circun | nstances. |
| For goods, please in | idicate brand, model and country of orig | in. | |
| In case of discrepar | cy between unit cost and total cost, unit | cost shall prevail. | |
| Please indicate War | ranty: | | |
| 10. In case of a tie, the co | ontract shall be awarded to the supplier or | service provider who firs | at submitted its quotation. |
| TOSpective | supplier must be registered at the Philip hilGEPS website at www.philgeps.gov.pl | opine Government Fle | ctronic Procurement System (Philospo) |
| | 2_ | | |
| | | | |
| | YNNE G. MARCA | | |
| | ement Officer | (Signature | e over Printed Name) |
| i ei. Nos. 931-6139/ 9 | 931-8101 to 07 local 122/124 | | Supplier |

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

RFO No. 20-0822 SHOPPING B

September 4, 2020

Annex A

Company Name : Company Address : Contact Person : Contact No : : Philgeps Reg. No :

TIN No. :

| 1 | - | - | | | | | |
|-----|-------|---------|---|-----------|---|-----------|------------|
| No. | ofy. | . Unit | Purchaser's Specifications | Unit Cost | (Phase indicate the detailed specifications | Unit Cost | Total Cost |
| | 300 | | piece 3" x 9" x 15" | 150.00 | provided below: | | 200 |
| 7 | 250 | pox | Clip, backfold, all metal, 32mm, 12pcs/box | 35.00 | | | |
| | 200 | pox | Clip, backfold, all metal, 19mm, 12pcs/box | 15.00 | | | |
| 4 | 200 | pox | Clip, backfold, all metal, 25mm, 12pcs/box | 25.00 | | | |
| 45 | 250 | pox | Clip, backfold, all metal, 50mm, 12pcs/box | 65.00 | | | |
| 9 | 400 | pack | Indicator tag, with text "Please Sign", 50s | 100.00 | | | |
| 7 | 260 | pack | Indicator tag, plain, assorted color, 50s | 80.00 | | | |
| 80 | 1,005 | 5 piece | ID Jacket with string, 3x4 | 15.00 | | | |
| | | | Approved Budget for the Contract: Php153,875.00 | | | | |
| | | | ***Nothing Follows*** | | | | |

PSAMD Stockpile PURPOSE:

2020-06-00093 PR No.

IMPORTANT: The winning bidder MUST pick-up duplicate copy and SIGN the original copy of Purchase Order (P.O.) at DSWD-Central Office, Procurement and Supply Division within three (3) days from the date advance copy was served to thru fax. FAILURE to show up and sign the original P.O. means that the bidder is not interested and will be a ground for suspension/blackisting in DSWD's future biddings.

RENÉE L'ÉNNE G. MARCA

Tel no. 951-7116 / Fax No. 931-6139 Procurement Officer

(Signature over printed name)

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