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DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT IBP Road, Constitution Hills, Quezon City

REQUEST FOR QUOTATION

RFQ No. 20-1141 SHOPPING (b)

		Date:	November 23, 2020 and Sawbanent
Company Name: Company Address: Contact Person: Contact No.: PhilGEPS Reg. No.: Company TIN:			TOV 27 2820
Sir/Madam:			POSTED BY: LUZVI
the goods listed in An	rernment price/s including delivery charges nex A . Failure to indicate information cou , literatures and/or samples, if applicable.	s, VAT or ild be bas	other applicable taxes, and other incidental expenses for sis for non - compliance. Also, furnish us with descriptive
If you are the exclusive quotation a duly notari	e manufacturer, distributor or agent in the zed certification to this effect.	Philippin	nes for the goods listed in Annex A please attach in your
As a condition for a notice. The Certifica Registration Number.	ward, you will be required to submit you te of Platinum Membership may be so	ur Mayor ubmitted	r's/Business Permit, within 24 hours from receipt of in lieu of the Mayor's/Business Permit and PhilGEPS
Ground floor, DSWD-0	CO Building, IBP Road, Constitution Hills, C	Quezon C	the required documents to DSWD -BAC Secretariat at City or <u>fax it through numbers8951-7116</u> or <u>email to 3</u> , 2020 (THURSDAY). Quotations submitted to
different fax number	s) or email address(es) as stated above	shall no	of be considered for evaluation
Terms and Condition 1. Award shall be m	s: ade on per:		WILLIAM V. GARCIA, JR. n-Charge, Procurement Planning & Management Division
2. Quotation validity	shall be Sixty (60) calendar days from	the dead	dline of submission of quotations.
Good/s shall be of	lelivered within Ten (10) working days fr	om rece	pipt of Purchase Order (PO).
4. Place of Delivery	DSWD-Central Office, PSAMD Wareho	ouse, IBI	P Road, Constitution Hills Q.C.
Payment through	nt: within 15-30 days upon completion of	t suppor	rting documents. ounts Payable-Advise to Debit Account).
Account Name :			int Number :
BankName:		Branch	h:
 Liquidated Dama- liquidated dama for every day of of the contract, action and reme 	ges shall be at least equal to one-tenth delay. Once the cumulative amount of I the Procuring Entity may rescind or terr dies available under the circumstances.	Ill delive of one p liquidate minate th	rged a service fee. by within the time specified above, the amount of the bercent (0.001) of the cost of the unperformed portion and damages reaches ten percent (10%) of the amount the contract, without prejudice to other courses of
8. In case of discrer	e indicate brand, model and country of origi ancy between unit cost and total cost, unit	III.	all prevail
Please indicate V		COSt SIIB	iii pievali.
11. NOTE: "Prospect	e contract shall be awarded to the supplier ive supplier must be registered at the Philip PhilGEPS website at www.philgeps.gov.ph	ppine Go	ice provider who first submitted its quotation. evernment Electronic Procurement System (PhilGEPS). gister for free."
	WAY.		
KAREN	JOÝ M. FERRER	(Si	gnature over Printed Name)

Supplier

Procurement Officer

Tel. Nos. 8931-6139/ 8931-8101 to 07 local 122/124

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

NOTE: "Prospective supplier must be registered at the Philippine Government Electronic Procurement System (PhilGEPS). You may visit the PhilGEPS website at www.philgeps.gov.ph to register."

Frocurement Form No. 04-A (Annex A)

RFQ No. **20-1141 SHOPPING (b)**Date: November 23, 2020

PhilGEPS Reg. No.: Company TIN: Company Address: Company Name: Contact Person: Contact No.:

Approved Budget for the Contract (ABC): PhP 324,000.00 Approved Budget for the Contract (ABC): PhP 324,000.00 XXXXX-Nothing Follows-XXXXX Purposer	S E	ğ	ži.	Purchaser's Specifications	ABC per Item	Bidder's Specifications (Please fill out the detailed specifications in the space provided)	Unit Cost	Total Cost
		1080	bottle	70% Isorophyl Alcohol Solution with Pump 1000ml	300.00			
				Approved Budget for the Contract (ABC): Php 324,000.00				
				xxxxx-Nothing Follows-xxxxx				
	-							
	1 18							

Supplies against the Emergency Procurement Proposal to mitigate risk of COVID19 for the month of November and December 2020 01-20001-PR-2020-10-00194 URPOSE:

IMPORTANT: The winning bidder MUST SIGN the original copy of Purchase Order (P.O.) at DSWD-Central Office, Procurement Management Service. FAILURE to show up and sign the original P.O. means that the bidder is not interested and will be a ground for suspension or blacklisting in DSWD's future biddings.

KAREN JOH M. FERRER

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Trunkline: 89318101 to 07 loc. 122 & 124 Fax No. 8951-7116 Procurement Officer

(Signature over printed name)