DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Annex A

	• • • • • • • • • • • • • • • • • • • •	-	ered at the Philippine Government Electronic Procurement EPS website at www.philgeps.gov.ph and register for free."	RFQ No. Date:		
Compan	y Name:					
Compan	y Address:					
Contact	Person:					
Contact	No.:					
PhilGEPS	Reg. No.:			•		
Compan	•					
Item No.	Qty.	Unit	Purchaser's Specifications	Bidder's Specifications (Please fill out the detailed specifications in the space provided)	Unit Cost	Total Cost
	2	pcs	Battery 11 Plates	space provided)		
	5	pcs	195/R15 Plates			
	-	1	******NOTHING FOLLOWS******			
			Approved Budget for the Contract			
			(ABC): PhP 74,000.00			
PURPOS	E:	For the Us	e of Ambulance POJ-593			
FAILURE	to sign the	original P.O	312 · MUST SIGN the original copy of Purchase Order (P.O) up means that the bidder ound for suspension or blacklisting in DSWD's future bidd	·		
MELPE J	IEAN B. MA	<u>AGHANOY</u>			_	
Procure	ment Offic	er		SUPPLIER		

Signature over Printed Name

Company Name		DEO N		
Company Name:		RFQ No		
Company Address: Contact Person:		. Dat	te: 05-Jul-22	
Contact Person.		•		
Philgeps Reg. No. :		-		
Company TIN:		-		
Company riiv.		-		
Sir/Madam:				
	vernment price/s including delivery charges, VAT or other applicable indicate information could be basis for non – compliance. Also, fur plicable.			
If you are the exclusing notarized certification	ve manufacturer, distributor or agent in the Philippines for the good n to this effect.	ls listed in Annex A please	eattach in your quotation a duly	
As a condition for av	vard, you will be required to submit the following documentary rec	quirements:		
	*Accomplished Quotation (for goods or infra)/Proposal (for consulting)	* Income/Business Tax Returns for Contract with an ABC amounting above Php 500,000.00		
	* Mayor's Permit (for sole proprietorship, corporations, partnerships or joint ventures) or BIR Certificate (for individuals)	* Notarized Omnibus Sw contracts with an ABC a 50,000.00	vorn Statement(revised) for amounting to above Php	
	* PhilGEPS Registration No. * PCAB License (for infra)			
•	d submit this form together with Annex A and all the required docu , Masterson Avenue, Upper Carmen, Cagayan de Oro City or email it Quotations submitted to different email address as stated abov	to bac.fo10@dswd.gov.p	oh not later than of	
			Very Truly Yours,	
			MELPE JEAN B. MAGHANOY	
			Procurement Officer	
Terms and Condition	is:			
Award shall be ma Overtation validity.		Total Quoted Price	Lot Basis	
2. Quotation validity	all be delivered/conducted within			
Place of Delivery	DSWD Field Office 10			
5. Terms of Payment				
	DDAP-ADA (List of Due and Demandable Accounts Payable-Advice	to Dehit Account).		
Account Name:	Some field of the analytic field and semandarie field and field	Account Nur	nber:	
Bank Name				
*Note: Non Land Bar	k of the Philippines accounts shall be charged a service fee.			
	es/Penalty: In case of failure to make full delivery within the time s	nacified above the amou	unt of the liquidated damages	
-	al to one-tenth of one percent (0.001) of the cost of the unperform	-		
-	d damages reaches ten (10%) of the amount of the contract, the Pr			
	other courses of action and remedies available under the circums		,	
7. For goods, please i	ndicate brand, model and country of origin.			
= :	ncy between unit cost and total cost, unit cost shall prevail.			
9. Please indicate Wa	rranty			
10. In case of a tie, th	e contract shall be awarded to the supplier or service provider who	first submitted its quotat	ion.	
PhilGEPS website at y	www.philgeps.gov.ph and register for free."			

MELPE JEAN B. MAGHANOY
Procurement Officer

Republic of the Philippines **Department of Social Welfare and Development**

Field Office No. 10 Cagayan de Oro City

PROOF OF RECEIPT

Quotation No: 22-0812-NP-SVP

Items: #REF!

Purpose: For the Use of Ambulance POJ-593

Company Name	Representative	Position / Designation	Date	Signature

Canvasser	