${\bf DEPARTMENT\ OF\ SOCIAL\ WELFARE\ AND\ DEVELOPMENT}$

Annex A

			at the Philippine Government Electronic Procurement PS website at www.philgeps.gov.ph and register for free."	RFQ No. Date:	23-0353-NP-SVP 17-Mar-23	
Compa	ny Name:					
Compa	ny Address:			_		
Contact	Person:					
Contact	No.:			<u>_</u>		
PhilGE	PS Reg. No.:	1		<u>_</u>		
Compa	ny TIN:			_		
Item No.	Qty.	Unit	Purchaser's Specifications	Bidder's Specifications (Please fill out the detailed specifications in the space provided)	Unit Cost	Total Cost
	80	unit	Red Vest (Assorted sizes S-4XL)			
			*****NOTHING FOLLOWS*****			
			Approved Budget for the Contract			
			(ABC): PhP 80,000.00			
FAILUR	TANT: The v RE to sign the	2023-03-0353 vinning bidder M original P.O me	Unit Vest for use of Payout IUST SIGN the original copy of Purchase Order (P.O. cans that the bidder for suspension or blacklisting in DSWD's future biddi			
ARNE	L V. RADA	ZA		Supplier	-	
	ement Office			Signature over Printed Name	-	

Company Name:		RFQ No.:	23-0353-NP-SVP
Company Address:		Date	
Contact Person:			
Contact No. :			
Philgeps Reg. No. :			
Company TIN:			
Sir/Madam:			
Please quote your government price/s including delivery charges, VA. A. Failure to indicate information could be basis for non – compliance applicable.	**		
If you are the exclusive manufacturer, distributor or agent in the Philip certification to this effect.	pines for the goods listed in Anne	ex A please attach in	your quotation a duly notarized
As a condition for award, you will be required to submit the follow	wing documentary requirements	s:	
* Accomplished Quotation (for goods or infra)/Proposal (for consulting)		
* Mayor's Permit		* Income/Bussines Tax Returns for Contract with an ABC amounting above Php. 500k	
	*Notarizeo	d Omnibus Sworn S	Statement for contracts with an
* PhilGEPS Registration No.	ABC amou	unting to above Php	50,000.00
* PCAB license (for infra)			
Note:Submission of PhilGEPS Platinum Certificate of Registration and	d Membership is acceptable in lie	u of the Mayor's Perr	nit and PhilGEPS Reg. No.
Please accomplish and submit this form together with Annex A and all Masterson Avenue, Upper Carmen, Cagayan de Oro City or email it to Quotations submitted to different email add	procurement.dswd.fo10@gmail.d	com not later than	of
			Very Truly Yours,
			ARNEL V. RADAZA
			III (III) I III III
			DSWD 10 Procurement Officer
Terms and Conditions:			
1. Award shall be made on per: Item Basis	Total Qu	oted Price	Lot Basis
2. Quotation validity shall be 6 Months	15. 20 yyard	king days upon receir	of DO
Goods/Services shall be delivered/conducted within DSWD Field Office 10	13-30 WOLK	ang days upon receip	ot of PO
5. Terms of Payment: 15-30 days after the inspection	10		
Payment through LDDAP-ADA (List of Due and Demandable Ac		t Account)	
Account Name:	counts I ayable-riuvice to Debi	Account Numbe	r•
Bank Name		recount i tuinse.	··
*Note: Non Land Bank of the Philippines accounts shall be charged a se	ervice fee.		
6. Liquidated Damages/Penalty: In case of failure to make full deliver		the amount of the	liquidated damages shall be at
least equal to one-tenth of one percent (0.001) of the cost of the unp			
damages reaches ten (10%) of the amount of the contract, the Procu		-	
of action and remedies available under the circumstances.			
7. For goods, please indicate brand, model and country of origin.			
8. In case of discrepancy between unit cost and total cost, unit cost sha	ll prevail.		
9. Please indicate Warranty			
10. In case of a tie, the contract shall be awarded to the supplier or service and the	=	-	
11. NOTE: "Prospective supplier must be registered at the Philippine of website at www.philgeps.gov.ph and register for free."	Government Electronic Procureme	ent System (PhilGEP	S). You may visit the PhilGEPS
ARNEL V. RADAZA			
Procurement Officer		Signature over	er Printed Name

Republic of the Philippines

Department of Social Welfare and Development

Field Office No. 10 Cagayan de Oro City

PROOF OF RECEIPT

Quotation No: 23-0353-NP-SVP

Items: Red Vest (Assorted sizes S-4XL)

Purpose: Social Pension Unit Vest for use of Payout

Company Name	Representative	Position / Designation	Date	Signature

 Canvasser	