DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Annex A

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 and register for free."				RFQ No. 23- 0633 -NI Date: 11-Apr-2.		
Compan	ıy Name:			_		
Company Address:				_		
Contact	Person:			-		
Contact	No.:					
PhilGEP	S Reg. No.:			-		
Compan	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
	4	Units	Aircon			
			3 HP			
			Split Type			
			Wall mounted			
			********NOTHING FOLLOWS*****			
			Approved Budget for the Contract			
			(ABC): PhP 199,600.00			
FAILURE	ANT: The win to sign the o	2023-04-063 ning bidder N riginal P.O m	- FOR THE USE OF AICS ILIGAN SATELLITE OFFICE 33 MUST SIGN the original copy of Purchase Order (P.O) eans that the bidder and for suspension or blacklisting in DSWD's future b			
ARNEL	V. RADAZA			Supplier		
				Signature over Printed Name		

Company Name:	RFQ I	No.: 23-	0633 -NP-SVP
Company Address:	D	ate:	11-Apr-23
Contact Person:	_		
Contact No. :	_		
Philgeps Reg. No. :	_		
Company TIN:	-		
Sir/Madam:			
Please quote your government price/s including delivery charges, VAT or other appl $Annex\ A$. Failure to indicate information could be basis for non – compliance. Also, for samples, if applicable.		-	=
If you are the exclusive manufacturer, distributor or agent in the Philippines for the $\mathfrak g$ notarized certification to this effect.	goods listed in Annex A please	attach in your q	uotation a duly
As a condition for award, you will be required to submit the following documentary	requirements:		
* Accomplished Quotation (for goods or infra)/Proposal (for consulting)			
* Marriagla Danneit	* Income/Bussines Tax Ret amounting above Php. 500		ct with an ABC
* Mayor's Permit			contracts with an
* PhilGEPS Registration No.	*Notarized Omnibus Sworn ABC amounting to above Pl		contracts with an
* PCAB license (for infra)	, in a contract of the contrac	.р. 00,000.00	
Note:Submission of PhilGEPS Platinum Certificate of Registration and Membership is	acceptable in lieu of the Mayo	r's Permit and F	PhilGEPS Reg. No.
Masterson Avenue, Upper Carmen, Cagayan de Oro City or email it to <u>procurement.c</u> . Quotations submitted to different email address as stated			_ 01
		Ve	ry Truly Yours,
		ARI	NEL V. RADAZA
Terms and Conditions:		DSWD 10	Procurement Officer
	7		
1. Award shall be made on per: ✓ Item Basis	Total Quoted Price	Lot Bas	sis
2. Quotation validity shall be 6 Months			
3. Goods/Services shall be delivered/conducted within	15-30 working days upon re	ceipt of PO	
4. Place of Delivery DSWD Field Office 10			
5. Terms of Payment: 15-30 days after the inspections	To the Boltin Accounts		
Payment through LDDAP-ADA (List of Due and Demandable Accounts Payable-Ad	•		
Account Name:	Account Num	iber:	
Bank Name *Note: Non-Land Bank of the Philippines accounts shall be showed a comice for			
*Note: Non Land Bank of the Philippines accounts shall be charged a service fee.			
6. Liquidated Damages/Penalty: <i>In case of failure to make full delivery within the tir</i> be at least equal to one-tenth of one percent (0.001) of the cost of the unperformed	· ·		=
iguidated damages reaches ten (10%) of the amount of the contract, the Procuring			•
to other courses 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 shall prevail.			
9. Please indicate Warranty			
10. In case of a tie, the contract shall be awarded to the supplier or service provider	who first submitted its quotati	on.	
11. NOTE: "Prospective supplier must be registered at the Philippine Government Elewebsite at www.philgeps.gov.ph and register for free."	ectronic Procurement System (PhilGEPS). You r	may visit the PhilGEPS
ARNEL V. RADAZA			
Procurement Officer	Signature	over Printed Na	ame

Republic of the Philippines Department of Social Welfare and Development Field Office No. 10

Cagayan de Oro City

PROOF OF RECEIPT

23- 0633 -NP-SVP **Quotation No:**

Items: Aircon

Purpose: GSS-ADMIN - FOR THE USE OF AICS ILIGAN SATELLITE OFFICE

Company Name	Representative	Position / Designation	Date	Signature

 Canvasser	