## DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

			gistered at the Philippine Government Electronic Procurer EPS website at www.philgeps.gov.ph and register for free		Date:	23- 1149 -NP-SVP 21 Jul 2023
Company Name: Company Address: Contact Person: Contact No.: PhilGEPS Reg. No.: Company 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
	30	TABLET	MEBENDAZOLE 500mg, CHEWABLE			
	10	BOTTLE	SALICYLIC, LACTIC ACID, 15ml			
	30	SACHET	PERMETHRIN 10mg/ml SHAMPOO SACHET			
	30	SACHET	ZINC OXIDE, CALAMINE OINTMENT, SACHET			
	10	PC	ZINC OXIDE CREAM, 150g			
	5	BOTTLE	SODIUM DOCUSSATE EAR DROPS			
	5	BOTTLE	OXYTETRACYCLINE EYE DROPS			
	10	BOTTLE	HEXEDINE ORAL GARGLE, 250ml			
	25	SACHET	SELENIUM SULFIDE SHAMPOO SACHET			
	10	BOTTLE	PERMETHRIN 60mg/ml (5%) LOTION			
	20	SACHET	PERMETHINE 10mg/ml SHAMPOO			
	7	BOTTLE	SALICYLIC ACID, 120ml			
	15	BOTTLE	MULTI-VITAMINS FOR KIDS, GUMMIES			
			*******NOTHING FOLLOWS****			
			Approved Budget for the Contract			
			(ABC): PhP 51,337.00			
PURPO	SE:	BAHAY SIL	LUNGAN - BAHAY SILUNGAN DRUGS AND MED SU	JPPLIES - CMF CURRENT 2023		
PR No.		2023-07-1149	9			
		_	der MUST SIGN the original copy of Purchase Orde sted and will be a ground for suspension or blacklist		FAILURE to sign	the original P.O
	NEL V. R				Supplier	

Signature over Printed Name

~				
Company Name:		<b>RFQ No.</b> 23- 1149 -NP-SVP		
Company Address: Contact Person:		<b>Date:</b> 21-Jul-23		
Contact Person: Contact No.:		_		
Philgeps Reg. No. :		_		
Company TIN:		<del>_</del>		
company 111 W		<del>_</del>		
Sir/Madam:				
		blicable taxes, and other incidental expenses for the goods listed in <b>Annex</b> h us with descriptive brochures, catalogues, literatures and/or samples, if		
If you are the exclusive manufacertification to this effect.	acturer, distributor or agent in the Philippines for the	goods listed in <b>Annex A</b> please attach in your quotation a duly notarized		
As a condition for award, you	u will be required to submit the following docume	entary requirements:		
* Accomplished Quo	otation (for goods or infra)/Proposal (for consulting	ag)		
* Mayor's Permit		* Income/Bussines Tax Returns for Contract with an ABC amounting above Php. 500k		
* PhilGEPS Registra	ation No.	*Notarized Omnibus Sworn Statement for contracts with an ABC amounting to above Php. 50,000.00		
* PCAB license (for i		r		
Note: Submission of PhilGEPS	Platinum Certificate of Registration and Membershi	p is acceptable in lieu of the Mayor's Permit and PhilGEPS Reg. No.		
	-			
Masterson Avenue, Upper Carr		documents to DSWD – Procurement Unit, DSWD Field Office 10, swd.gov.ph not later than _July 25,2023. Quotations submitted to		
		Very Truly Yours,		
		ARNEL V. RADAZA DSWD 10 Procurement Officer		
Terms and Conditions:				
1. Award shall be made on per:	☐ Item Basis ☑ Total Quoted Price	☐ Lot Basis		
2. Quotation validity shall be:	6 Months			
3. Goods/Services shall be	15-30 working days upon receipt of PO			
delivered/conducted within  4. Place of Delivery	DSWD Field Office 10			
5. Terms of Payment:				
•	15-30 days after the inspections	( D144 )		
Account Nam	(List of Due and Demandable Accounts Payable-Advi-	A ANT 1		
Bank Nan		Account Number.		
	Philippines accounts shall be charged a service fee.			
		cified above, the amount of the liquidated damages shall be at least equal to elay. Once the cumulative amount of liquidated damages reaches ten (10%) of		
		ithout prejudice to other courses of action and remedies available under the		
7. For goods, please indicate branch	d, model and country of origin.			
8. In case of discrepancy between	unit cost and total cost, unit cost shall prevail.			
9. Please indicate Warranty				
	all be awarded to the supplier or service provider who first			
11. NOTE: "Prospective supplier r www.philgeps.gov.ph and register		c Procurement System (PhilGEPS). You may visit the PhilGEPS website at		
ARNEL V. RADAZA				
Procurement Officer		Supplier		
		Signature over 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- 1149 -NP-SVP

Items: MEBENDAZOLE 500mg, CHEWABLE

Purpose: BAHAY SILUNGAN - BAHAY SILUNGAN DRUGS AND MED SUPPLIES - CMF CURRENT 2023

Representative	Position / Designation	Date	Signature
	Representative	Representative Position / Designation	Representative Position / Designation Date

 Canvasser	