DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

"Note: Prosp (PhilGEPS). Y	ective supp You may vis	RFQ No.: 25-0140-NP-SVP Date: 2025-2-25				
Company Company Contact P Contact N Philgeps I Company	Address erson: o.: Reg. No.:	_				
Item No.	Qty	Unit	Purchaser's Specifications	Bidder's Specifications (Please fill out the detailed specifications in the space provided)	Unit Cost	Total Cost
			SUPPLY AND DELIVERY OF:			
	130	рс	PLAQUE, with attached design DSWD 74TH ANNIVERSARY (GAWAD KALAMBUAN PLAQUE 130)			
			******* NOTHING FOLLOWS ******			
			Note: - Specification: Overall height: 12 Inches Overall Preferred Width: 7 Inches (could be adjusted to ensure the layout will not be distorted) Wood: Polished, natural oak color Wood printing: deep laser engraved Wood height: bottom: 4 inches top: 3 inches Wood base Thickness: 1.5 inch(wood will serve as stand) Acrylic Thickness: 1cm/10mm Acrylic Print: Direct Printing			
			CHARGED TO PANTAWID PAMILYA Implementation of CCT (MOOE REGULAR FUND-CMF CURRENT APP)			
			Approved Budget for the Contract			
_			(ABC): PhP 234,000.00			
PURPOSI	E: DSW	D 74TH F	OUNDING ANNIVERSARY CELEBRATION			
PR No.	2025	-02-0140				
IMPORTA sign the of biddings.	ANT: Th riginal P	e winning .O. means	bidder MUST SIGN the original copy of Purchase Order(P.O.) upon s that the bidder is not interested and will be ground for suspension	n receipt of the l or blacklisting	P.O. FAIL in DSWD	URE to
	ement O			Supplier Signature over Printed Name		

Sir/Madame Please quute your government price/s including delivery charges, VAT or other incedental expenses for the goods listed in Annex A . Failure to indicate											
Please quute your government price/s including delivery charges, VAT or other incedental expenses for the goods listed in Annex A. Failure to indicate											
information could be basis for non-compliance. Also, furnish us with descriptive brochures catalogues, literatures and/or samples, if applicable.											
If you are the exclusive manufacturer, distributor or agent in the Philippines for goods listed in $\bf Annex~\bf A$ please attach in your quotation a duly notarized certification to this effect.											
As a condition for award, you will be required to submit the following documentary requirements:											
* Accomplished Quotations (for goods or infra)/ Proposal (for consulting)											
* Income/Business Tax Return for Contract with an amounting above Php.500k * Mayor's Permit	amounting above Php.500k										
* Notarized Omnibus Sworn Statement for contracts an ABC amounting to above Php.50,000.00											
* PhilGEPS Registration No. * PCAB License (for infra)											
Note: Submission of PhilGEPS Platinum Certificate of Registration and Membership is acceptable in lieu of the Mayor's Permit and PhilGEPS Reg. No.											
Please accomplish and submit this form together with Annex A and all the required documents to DSWD - Procurement Unit, DSWD Field Office 10, Master Avenue, Upper Carmen, Cagayan de Oro City or email it to bac.fo10@dswd.gov.ph not later than Quotations submitted to different email address a stated above shall not be considered for evaluation.	ion										
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 ☐ Lot Basis ☐ Months											
3. Goods/Services shall be delivered/conducted within: 15-30 CD after date of receipt of PO											
4. Place of Delivery: Field Office 10											
5. Delivery Term: Cut-off Time for Deliveries during Office Hours 8 AM - 4 PM - Monday to Thursday											
8 AM - 12 NN - Friday											
For delivery arrangements, please contact the Contract Implementation Unit to confirm the schedule.											
Mai2v 0005/21/2002											
Mai2x- 09954312982 Nadj- 09286163107											
Nadj- 09286163107 Froilan- 09519204261											
Nadj- 09286163107											
Nadj- Froilan- 6. Terms of Payment: Payment through LDDAP-ADA (List of Due and Demandable Accounts Payable-Advice to Debit Account). Account Name: Bank Name: Account Number:											
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Republic of the Philippines Department of Social Worker and Development Field Office No. 10 Cagayan de Oro City

PROOF OF RECEIPT

Quotation No: 25-0140-NP-SVP

Itemsi

Purpose: DSWD 74TH FOUNDING ANNIVERSARY CELEBRATION

Company Name	Representative	Position/ Designation	Date	Signature	

Canvasser	