RFQ No.: 25-0316-NP-SVP

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

"Note: Prospec (PhilGEPS). You	tive supplier i i may visit th	must be regis e PhilGEPS w	stered at the Philippine Government Electronic Procurement System vebsite at www.philgeps.gov.ph and register for free."		o.: 25-0316-1 ate: 2025-3-1	
Company Ac Contact Per	ddress:					
Contact No.	. :					
Philgeps Re	•					
Company T	IN:					
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:			
	8	box	INFANT FORMULA, WITH HMO 2400g (0-6 MONTHS)			
	41	box	INFANT FORMULA 1, 1.3kg			
	41	box	INFANT FORMULA 2, 1.3kg			
	40	box	INFANT FORMULA 3, 1.3kg			
	42	box	MILK, FORTIFIED, POWDERED, 1.2kg			
	8	box	MILK SUPPLEMENT, Vanilla (complete balanced nutrition) (1.2 kg)			
	57	box	CEREAL, for INFANTS, 250g BANANA FLAVOR			
	20	pack	RICE, GLUTINOUS (PILIT/STICKY RICE), WHITE, 1kg			
			****** NOTHING FOLLOWS ******			
			Note: - Food Supplies for RSCC use			
	+		Approved Budget for the Contract			
			(ABC): PhP 320,109.00			
PURPOSE:	For RSC	C Usa	(
PR No.	2025-03	<u>-0316</u>				
			dder MUST SIGN the original copy of Purchase Ord at the bidder is not interested and will be ground fo			
ABSTELL	(/ DAPA=					
	V. RADAZ nent Offic			Supplier		
				Signature over Printed	d Name	

Company Name:		RFQ No.	25-0316-NP-SVP	
Company Address:		Date:	2025-3-13	
Contact Person:				
Contact No.:				
Philgeps Reg. No.:				
Company TIN:				
Sir/Madame				
	is including delivery charges, VAT or other incedental expe compliance. Also, furnish us with descriptive brochures cata	•		
If you are the exclusive manufacture certification to this effect.	r, distributor or agent in the Philippines for goods listed in	Annex A please attach in your quo	ation a duly notarized	
As a condition for award, you will	be required to submit the following documentary rec	quirements:		
* Accomplished Quotation	ons (for goods or infra)/ Proposal (for consulting)			
* Mayor's Permit		* Income/Business Tax Return for Contract with an ABC amounting above Php.500k		
·		* Notarized Omnibus Sworn Stan ABC amounting to above P		
* PhilGEPS Registration * PCAB License (for infr				
Note: Submission of PhilGEPS Platin	num Certificate of Registration and Membership is accepta	ble in lieu of the Mayor's Permit and	l PhilGEPS Reg. No.	
	rm together with Annex A and all the required documents Oro City or email it to bac.fo10@dswd.gov.ph not later the for evaluation.			
		V	ery truly Yours,	
			NEL V. RADAZA 0 Procurement Officer	
		D3WD I	7 I loculement 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 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 co	ontact the Contract Implementation Unit to confirm the sch	nedule.		
Mai2x-	09954312982			
Nadj-	09286163107			
Froilan-	09519204261			
6. Terms of Payment:	15-30 CD after date of Final Inspection			
Payment through LDDAP-ADA (Li Account Name:	ist of Due and Demandable Accounts Payable-Advice	to Debit Account). Account Number:		
Bank Name:		Account Number:		
	hilippines accounts shall be charged a service fee.			
least equal to one-tenth of one pe Liquidated damages reaches ten of prejudice to other courses of actions. For goods, please indicate brand, 19. In case of discrepancy between un 10. Please indicate Warranty	it cost and total cost, unit cost shall prevail.	or every day of delay. Once the c ntity may rescind or terminate th	umulative amount of	
	be awarded to the supplier or service provider who first set be registered at the Philippines Government Electronic Fregister for free".		ou may visit the PhilGEPS	
ADMEL W. DADAGA				
ARNEL V. RADAZA Procurement Officer		Supp	lier	

Republic of the Philippines Department of Social Worker and Development Field Office No. 10 Cagayan de Oro City

PROOF OF RECEIPT

Quotation No: 25-0316-NP-SVP

Items:

Purpose: For RSCC Use

Company Name	Representative	Position/ Designation	Date	Signature

Canvasser	_