## DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Note: Prospectiv PhilGEPS). You r	e supplier m	nust be registe PhilGEPS we	ered at the Philippine Government Electronic Procurement Sys bsite at www.philgeps.gov.ph and register for free."		o.: 25-0328- ate: 2025-3-	
ompany Nai	me:					
ompany Ado	iress:					
ontact Pers	on:					
ontact No.:						
hilgeps Reg	. No.:					
ompany TIN	V:					
		-				
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:			
	1	lot	IMPROVEMENT OF OF FIXED GLASS WINDOW OF HAVEN FOR WOMEN			
			******* NOTHING FOLLOWS *******			
			Note: - ***SEE ATTACHED PLAN			
		-	Approved Budget for the Contract			
	-					
			(ABC): PhP 175,000.00			
PURPOSE:	FOR PRO	OPER VEN	TILATION			
PR No.	2025-03-	-0328				
ign the orig oiddings.	inal P.O.		der MUST SIGN the original copy of Purchase at the bidder is not interested and will be groun			
ARNEL V		*				
Procurem	ent Office	er		Supplier	1.37	
				Signature over Printe	eg Name	

ompany Name: company Address: contact Person: contact No.: chilgeps Reg. No.: company TIN:		RE	FQ No. Date:	25-0328-NP-SVP 2025-3-14
ir/Madame				
	's including delivery charges, VAT or other incedental expe ompliance. Also, furnish us with descriptive brochures cata			
f you are the exclusive manufacture ertification to this effect.	r, distributor or agent in the Philippines for goods listed in	Annex A please attach in y	our quotati	ion a duly notarized
s a condition for award, you will	be required to submit the following documentary red	quirements:		
* Accomplished Quotati	ons (for goods or infra)/ Proposal (for consulting)			or Contract with an ABC
* Mayor's Permit		* Notarized Omnibus S an ABC amounting to	Sworn Stat	tement for contracts with
* PhilGEPS Registration * PCAB License (for infi		an ADC amounting to	above 1 np	.50,000.00
Note: Submission of PhilGEPS Platin	num Certificate of Registration and Membership is accepta	ble in lieu of the Mayor's P	ermit and P	hilGEPS Reg. No.
	orm together with Annex A and all the required documents or Oro City or email it to <a href="mailto:bac.fo10@dswd.gov.ph">bac.fo10@dswd.gov.ph</a> not later the for evaluation.	5:00PM m APR 14 202	bitted to diff Very	Field Office 10, Masterson ferent email address as  y truly Yours, EL V. RADAZA Procurement Officer
Terms and Conditions:				
. Award shall be made on per: 2. Quotation validity shall be:	☑Item Basis ☐Total Quoted Price 6 months	☐Lot Basis		
3. Goods/Services shall be lelivered/conducted within:	15-30 WD after date of receipt of PO			
. Place of Delivery:	Venue			
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 of	ontact the Contract Implementation Unit to confirm the scl	hedule.		
Mai2x-	09954312982			
Nadj- Froilan-	09286163107 09519204261			
5. Terms of Payment:	15-30 CD after date of Final Inspection			
Payment through LDDAP-ADA (L	ist of Due and Demandable Accounts Payable-Advice			
Account Name: Bank Name:		Account Number:		
	hilippines accounts shall be charged a service fee.			
iniquidated damages reaches ten inequidated damages reaches ten inequidice to other courses of acti is. For goods, please indicate brand, is. In case of discrepancy between ur incomplete indicate Warranty incomplete indicate Warranty incomplete indicate Warranty incomplete indicate Warranty incomplete indicate Warranty	nit cost and total cost, unit cost shall prevail.  I be awarded to the supplier or service provider who first s	for every day of delay. On intity may rescind or term	nce the cun ninate the	nulative amount of contract, without
.2. NOTE: "Prospective supplier must website at <u>www.philgeps.gov.ph</u> and	st be registered at the Philippines Government Electronic I	Procurement System (Phulo	EPS). You	may visit the PhilGEPS
ARNEL V. RADAZA				
Procurement Officer		-	Suppli.	or .
		Signatu	Supplie are over Pr	er inted Name

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

## PROOF OF RECEIPT

Quotation No: 25-0328-NP-SVP

tems:

urpose: FOR PROPER VENTILATION

Company Name	Representative	Position/ Designation	Date	Signature
				1

Canvasser	