DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

| | | | egistered at the Philippine Government Electronic Procurer EPS website at www.philgeps.gov.ph and register for free. | | RFQ No.: Date: | 23-1352-NP-SVP 15 Nov 2023 |
|-------------------------------------|---|-----------------|---|---|-------------------------------|-------------------------------|
| Compa Contac Contac PhilGE | ny Name: ny Addres t Person: t No.: PS Reg. No 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 |
| | 10 | BOX | INFANT FORMULA 1 (1.3 KG) | | | |
| | 10 | BOX | INFANT FORMULA 2 (1.3 KG) | | | |
| | 10 | BOX | INFANT FORMULA 3 (1.3 KG) | | | |
| | 20 | BOX | MILK SUPPLEMENT 1.8 KG VANILLA (COMPLETE BALANCED NUTRITION) | | | |
| | 30 | BOX | POWDERED MILK 1.2 KG | | | |
| | 15 | BOX | INFANT FORMULA WITH HMO 2400g (0-6 MONTHS) | | | |
| | 15 | CAN | FORMULA FOR LACTOSE INTOLERANCE 400g | | | |
| | 10 | KILO | FRESH MILK | | | |
| | | | *******NOTHING FOLLOWS***** | | | |
| | | | | | | |
| | | | Approved Budget for the Contract | | | |
| PURPO | SE: | RSCC - FOR | (ABC): PhP 139,202.20 | | | |
| PR No. | | 2023-08-135 | | | | |
| means th | | r is not intere | der MUST SIGN the original copy of Purchase Orde sted and will be a ground for suspension or blacklisti | | FAILURE to sign | the original P.O |
| Pr | ocurement | Officer | | | Supplier over Printed Name | e |

| 3. Goods/Services delivered/conducte 4. Place of Deliver 5. Terms of Paymer Payment through *Note: Non Lan 6. Liquidated Dam one-tenth of one p the amount of the circumstances. 7. For goods, pleas 8. In case of discre 9. Please indicate V 10. In case of a tie, 11. NOTE: "Prospowww.philgeps.gov ARNEL V. | shall be d within y ent: LDDAP-ADA (I Account Name Bank Name nd Bank of the H ages/Penalty: In electer (0.001) of contract, the Pro- de indicate brand, spancy between us Warranty the contract shall ective supplier m .ph and register f | DSWD Field Office 10 15-30 days after the in List of Due and Demandate: e: Philippines accounts shall case of failure to make further the cost of the unperform pocuring Entity may rescine model and country of originit cost and total cost, unit | nspections able Accounts Payable-Advice able Accounts Payable-Advice all be charged a service fee. all delivery within the time specifined portion for every day of delay and or terminate the contract, with the contract in the cost shall prevail. | Account Number: | es reaches ten (10%) of es available under the | |
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| 3. Goods/Services delivered/conducte | shall be d within | 15-30 working days up | | | | |
| 3. Goods/Services | shall be | | pon receipt of PO | | | |
| 2. Quotation vandi | | 0 1/1011110 | | | | |
| 2. Quotation validi | ty shall be: | 6 Months | | | | |
| 1. Award shall be a | made on per: | ☐ Item Basis | ☑ Total Quoted Price | ☐ Lot Basis | | |
| Terms and Condi | tions: | | | | | |
| | | | | · | V. RADAZA Procurement Officer | |
| | | | | Very ' | Truly Yours, | |
| Masterson Avenu | ue, Upper Carm | en, Cagayan de Oro City | | ocuments to DSWD – Procurement Unit, DSWD vd.gov.ph not later than 5:00PM on NOVEMBl of for evaluation. | | |
| | | | _ | s acceptable in lieu of the Mayor's Permit and Ph | _ | |
| * PCAI | B license (for in | nfra) | | | | |
| * PhilG | EPS Registrat | ion No. | | amounting to above Php. 50,000.00 | | |
| * Mayo | * Mayor's Permit | | | amounting above Php. 500k *Notarized Omnibus Sworn Statement for contracts with an ABC | | |
| * Accor | nplished Quota | ation (for goods or infi | ra)/Proposal (for consulting) | * Income/Bussines Tax Returns for Contrac | t with an ARC | |
| As a condition f | or award, you | will be required to sub | bmit the following document | ary requirements: | | |
| If you are the exc certification to th | | cturer, distributor or ager | nt in the Philippines for the go | ods listed in Annex A please attach in your quota | ation a duly notarized | |
| | | | | cable taxes, and other incidental expenses for the us with descriptive brochures, catalogues, literature | | |
| | | | | | | |
| Sir/Madam: | | | | - | | |
| | : | | | | | |
| Philgeps Reg. I Company TIN Sir/Madam: | | | | - - | | |
| Contact No. : Philgeps Reg. I Company TIN | No.: | | | - - - | | |
| Philgeps Reg. I Company TIN | n: No. : | | | _ Date - - | :: 15-Nov-23 | |

Republic of the Philippines

Department of Social Welfare and Development

Field Office No. 10 Cagayan de Oro City

PROOF OF RECEIPT

Quotation No: 23-1352-NP-SVP

Items:INFANT FORMULA 1 (1.3 KG)Purpose:RSCC - FOR THE USE OF RSCC

| Company Name | Representative | Position / Designation | Date | Signature |
|--------------|----------------|------------------------|------|-----------|
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| Canvasser | | | | |
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