DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

			egistered at the Philippine Government Electronic Procurer GEPS website at www.philgeps.gov.ph and register for free		RFQ No.: Date:	23- 1782 -NP-SVP 29 Nov 2023	
Compa	ny Name:						
_	ny Addres	s:		•			
	t Person:			•			
Contac	t No.:			-			
PhilGE	PS Reg. No	0.:		_			
Compa	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	
	LOT 1		SUPPLY AND DELIVERY OF:				
	695	PAX	HYGIENE KIT POUCH WITH PRINTED LOGO AND WITH THE FOLLOWING ITEMS INSIDE; - 2 BOTS OF 70% SOLUTION ALCOHOL 75ML - 1 HANDY PACK TISSUE 2PLY 40 PULLS - 1 BOT OF SANITIZING GEL 60ml *********NOTHING FOLLOWS*****				
			Approved Budget for the Contract				
			(ABC): PhP 208,500.00				
PURPO	SE:	HDMDD W	ELFARE UNIT - FOR WELFARE / DSWD FIELD OFFI	CE 10 LISE			
PR No.		2023-11-178		CE 10 USE			
means th	nat the bidde	r is not intere	dder MUST SIGN the original copy of Purchase Orde ested and will be a ground for suspension or blacklisti			the original P.O	
ARNEL V. RADAZA Procurement Officer				Signature	Supplier Signature over Printed Name		

	<u> </u>		RFQ No. 23- 1782 -NP-Si Date: 29-Nov-23	nex	
If you are the exclusive manufact certification to this effect.	urer, distributor or agent in t	he Philippines for the go	ods listed in Annex A please attach in your quotation a duly notarize	ed .	
As a condition for award, you	will be required to submit (the following document	ary requirements:		
	ation (for goods or infra)/P	_			
* Mayor's Permit		Toposur (tor consuming)	* Income/Bussines Tax Returns for Contract with an ABC amounting above Php. 500k *Notarized Omnibus Sworn Statement for contracts with an ABC		
* PhilGEPS Registrati	on No.		amounting to above Php. 50,000.00	T contracts with an Tibe	
* PCAB license (for in	fra)				
`	,		s acceptable in lieu of the Mayor's Permit and PhilGEPS Reg. No.		
	en, Cagayan de Oro City or e	mail it to bac.fo10@dsv	cuments to DSWD – Procurement Unit, DSWD Field Office 10, vd.gov.ph not later than 5:00 PM on DECEMBER 4, 2023. for evaluation. Very Truly Yours,		
Terms and Conditions:			ARNEL V. RADAZA DSWD 10 Procurement Officer		
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 re	eceint of PO			
delivered/conducted within		eccipt of 1 O			
4. Place of Delivery	DSWD Field Office 10				
5. Terms of Payment:	15-30 days after the inspect		to Dobit Aggount)		
Payment through LDDAP-ADA (List of Due and Demandable Accounts P Account Name:					
Bank Name			-		
*Note: Non Land Bank of the P	hilippines accounts shall be ch	harged a service fee.			
one-tenth of one percent (0.001) of the amount of the contract, the Procircumstances. 7. For goods, please indicate brand, and the case of discrepancy between unual percent of the contract shall. In case of a tie, the contract shall	the cost of the unperformed po- curing Entity may rescind or to model and country of origin. hit cost and total cost, unit cost so be awarded to the supplier or so just be registered at the Philippin	ortion for every day of dela erminate the contract, with shall prevail.	ied above, the amount of the liquidated damages shall be at least equal to y. Once the cumulative amount of liquidated damages reaches ten (10%) out prejudice to other courses of action and remedies available under the behilder that the courses of action and remedies available under the behilder that the behilder that the behilder that the property of the	of	
ADNEL V DADAZA					
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- 1782 -NP-SVP

HYGIENE KIT POUCH WITH PRINTED LOGO AND WITH THE FOLLOWING ITEMS INSIDE;

- 2 BOTS OF 70% SOLUTION ALCOHOL 75ML

- 1 HANDY PACK TISSUE 2PLY 40 PULLS

- 1 BOT OF SANITIZING GEL 60ml

Purpose: HRMDD-WELFARE UNIT - FOR WELFARE / DSWD FIELD OFFICE 10 USE

Company Name	Representative	Position / Designation	Date	Signature

Canvasser	