${\bf DEPARTMENT\ OF\ SOCIAL\ WELFARE\ AND\ DEVELOPMENT}$

Annex A

Note: Prospective supplier must be registered at the Philippine Government Electronic Procurement System (PhilGEPS). You may visit the PhilGEPS website at www.philgeps.gov.ph and register for free."				RFQ No. Date:	23-03-0315-NP-SVP 16-Mar-23	
Compa	ny Name:					
Compa	ny Address:	:		=		
Contact	Person:			-		
Contact				_		
				_		
	PS Reg. No.	••		-		
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
	10	box	Infant Formula 1, 2kg			
	10	box	Infant Formula 2, 2kg			
	10	box	Infant Formula 3, 2kg			
	6	box	Milk Supplement 1.8kg Vanilla (complete balanced nutrition)			
	20	pack	Powder Milk 1.2kg			
		1 1	*****NOTHING FOLLOWS*****			
			Approved Budget for the Contract			
			(ABC): PhP 61,218.00			
PURPO	SE:	RSCC use 1st	sem	<u> </u>		
FAILUR	RE to sign the	e original P.O me	MUST SIGN the original copy of Purchase Order (P.O) cans that the bidder for suspension or blacklisting in DSWD's future biddir			
	L V. RADA			Supplier		
Procure	ment Offic	er		Signature over Printed Name		

Company Name:	DEO No. 22 02 0215 ND CVD			
Company Address:	RFQ No.: 23-03-0315-NP-SVP Date: 16-Mar-23			
Contact Person:	Date: 10-191dt-25			
Contact No. :				
Philgeps Reg. No. :				
Company TIN:				
Cirola de la constante de la c				
Sir/Madam:				
	her applicable taxes, and other incidental expenses for the goods listed in Annex furnish us with descriptive brochures, catalogues, literatures and/or samples, if			
If you are the exclusive manufacturer, distributor or agent in the Philippines certification to this effect.	for the goods listed in Annex A please attach in your quotation a duly notarized			
As a condition for award, you will be required to submit the following o	ocumentary requirements:			
* Accomplished Quotation (for goods or infra)/Proposal (for co	nsulting)			
* Mayor's Permit	* Income/Bussines Tax Returns for Contract with an ABC amounting above Php. 500k			
·	*Notarized Omnibus Sworn Statement for contracts with an			
* PhilGEPS Registration No.	ABC amounting to above Php. 50,000.00			
* PCAB license (for infra) Note:Submission of PhilGEPS Platinum Certificate of Registration and Mer	obershin is acceptable in lieu of the Mayor's Permit and PhilGEPS Reg. No.			
	is acceptance in new or the standard remains and removed to the			
Please accomplish and submit this form together with Annex A and all the re Masterson Avenue, Upper Carmen, Cagayan de Oro City or email it to proce Quotations submitted to different email address as	rement.dswd.fo10@gmail.com not later than of			
	Very Truly Yours,			
	ARNEL V. RADAZA			
	DSWD 10 Procurement Officer			
Terms and Conditions:	DSWD 10 Flocthement Officer			
 Award shall be made on per:	Total Quoted Price Lot Basis			
3. Goods/Services shall be delivered/conducted within	15-30 working days upon receipt of PO			
4. Place of Delivery DSWD Field Office 10				
5. Terms of Payment: 15-30 days after the inspections				
Payment through LDDAP-ADA (List of Due and Demandable Accoun	•			
Account Name:	Account Number:			
Bank Name				
least equal to one-tenth of one percent (0.001) of the cost of the unperform	ee. hin the time specified above, the amount of the liquidated damages shall be at hed portion for every day of delay. Once the cumulative amount of liquidated Entity may rescind or terminate the contract, without prejudice to other courses			
7. For goods, please indicate brand, model and country of origin.				
8. In case of discrepancy between unit cost and total cost, unit cost shall prev	ail.			
9. Please indicate Warranty				
10. In case of a tie, the contract shall be awarded to the supplier or service print of the interest of the Philippine Government at www.philgeps.gov.ph and register for free."	ovider who first submitted its quotation. ment Electronic Procurement System (PhilGEPS). You may visit the PhilGEPS			
ARNEL V. RADAZA				
Procurement Officer	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:	23-03-0315-NP-SVP
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Items: #REF!

Purpose: RSCC use 1st sem

Company Name	Representative	Position / Designation	Date	Signature

Canvasser	