

**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.** 23-0290-NP-SVP  
**Date:** 17-Mar-23

**Company Name:** \_\_\_\_\_  
**Company Address:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_  
**Contact No.:** \_\_\_\_\_  
**PhilGEPS Reg. No.:** \_\_\_\_\_  
**Company 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	Paracetamol 500mg tablet			
	20	box	Phenylpropanolamine HCl+Chlophenamine Maleate+Paracetamol 500mg tablet			
	17	box	Phenylpropanolamine HCl+Chlophenamine Maleate+Paracetamol 350mg tablet			
	15	box	Mefenamic Acid 500mg			
	7	box	Mefenamic Acid 250mg			
	8	box	Celecoxib 200mg tablet			
	15	box	citirizine 10mg tablet			
	15	box	amoxicillin 500mg tablet			
	20	box	co-amoxiclav 625mg tablet			
	1	tube	lubricant 100mg tube			
			*****NOTHING FOLLOWS*****			
			Approved Budget for the Contract			
			(ABC): PhP 54,200.00			

PURPOSE: HG Drugs and Medicines  
 PR No. 2023-03-0290

IMPORTANT: The winning bidder MUST SIGN the original copy of Purchase Order (P.O) upon receipt of the P.O.  
 FAILURE to sign the original P.O means that the bidder is not interested and will be a ground for suspension or blacklisting in DSWD's future biddings.

**ARNEL V. RADAZA**  
 Procurement Officer

\_\_\_\_\_  
 Supplier  
 \_\_\_\_\_  
 Signature over Printed Name

Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Contact No. : \_\_\_\_\_  
Philgeps Reg. No. : \_\_\_\_\_  
Company TIN: \_\_\_\_\_

RFQ No.: 23-0290-NP-SVP  
Date: 17-Mar-23

Sir/Madam:

Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in **Annex A**. Failure to indicate information could be basis for non – compliance. Also, furnish us with descriptive brochures, catalogues, literatures and/or samples, if applicable.

If you are the exclusive manufacturer, distributor or agent in the Philippines for the goods listed in **Annex A** please attach in your quotation a duly notarized certification to this effect.

As a condition for award, you will be required to submit the following documentary requirements:

\* Accomplished Quotation (for goods or infra)/Proposal (for consulting)

\* Mayor's Permit

\* PhilGEPS Registration No.

\* PCAB license (for infra)

\* Income/Bussines Tax Returns for Contract with an ABC amounting above Php. 500k

\*Notarized Omnibus Sworn Statement for contracts with an ABC amounting to above Php. 50,000.00

Note:Submission of PhilGEPS Platinum Certificate of Registration and Membership is acceptable in lieu of the Mayor's Permit and PhilGEPS Reg. No.

Please accomplish and submit this form together with Annex A and all the required documents to DSWD – Procurement Unit, DSWD Field Office 10, Masterson Avenue, Upper Carmen, Cagayan de Oro City or email it to [procurement.dswd.fo10@gmail.com](mailto:procurement.dswd.fo10@gmail.com) not later than \_\_\_\_\_ of \_\_\_\_\_ . Quotations submitted to different email address as stated above shall not be considered for evaluation.

Very Truly Yours,

**ARNEL V. RADAZA**

DSWD 10 Procurement 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 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 Accounts Payable-Advice to Debit Account).  
Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Bank Name \_\_\_\_\_
- \*Note: Non Land Bank of the Philippines accounts shall be charged a service fee.
6. Liquidated Damages/Penalty: *In case of failure to make full delivery within the time specified above, the amount of the liquidated damages shall be at least equal to one-tenth of one percent (0.001) of the cost of the unperformed portion for every day of delay. Once the cumulative amount of liquidated damages reaches ten (10%) of the amount of the contract, the Procuring Entity may rescind or terminate the contract, without prejudice to other courses of action and remedies available under the circumstances.*
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 prevail.
9. Please indicate Warranty \_\_\_\_\_
10. In case of a tie, the contract shall be awarded to the supplier or service provider who first submitted its quotation.
11. 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](http://www.philgeps.gov.ph) and register for free."

**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:** 23-0290-NP-SVP  
**Items:** Paracetamol 500mg tablet  
**Purpose:** HG Drugs and Medicines

<b>Company Name</b>	<b>Representative</b>	<b>Position / Designation</b>	<b>Date</b>	<b>Signature</b>

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Canvasser