## DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Annex A

			red at the Philippine Government Electronic Procurement PS website at www.philgeps.gov.ph and register for free."	RFQ No. Date:	23- 0444 -NP-SVP 28-Mar-23	
Compar	ny Name:					
Compar	ny Address:			<del>-</del>		
Contact	Person:			_		
Contact	No.:			<del>-</del>		
	S Reg. No.:			_		
	_			=		
Compar	iy iin:			_		
Item No.	Qty.	Unit	Purchaser's Specifications	Bidder's Specifications (Please fill out the detailed specifications in the space provided)	Unit Cost	Total Cost
	70	PCS	BAG-DUFFLE (MEDIUM)			
	70	PCS	LANYARD			
			*******NOTHING FOLLOWS*****			
		<u> </u>				
		1				
			Approved Budget for the Contract			
PURPOS	· r.	COCIAL DENI	(ABC): PhP 119,000.00 SION - SOCIAL PENSION UNIT ADVOCACY MATERIAL	·		
PR No. IMPORT	ANT: The wir	2023-03-044 nning bidder N	14 MUST SIGN the original copy of Purchase Order (P.O)	_		
	_	-	eans that the bidder and for suspension or blacklisting in DSWD's future b	oiddings.		
ARNEL	V. RADAZA			Supplier		
Procure	ement Office	er		Signature over Printed Name		

Company Name:  Company Address:  Contact Person:  Contact No.:  Philgeps Reg. No.:  Company TIN:	RFQ D	No.: 23- 0444 -NP-SVP late: 28-Mar-23			
Sir/Madam:					
Please quote your government price/s including delivery charges, VAT or oth <b>Annex A</b> . Failure to indicate information could be basis for non – compliance samples, if applicable.	* *				
If you are the exclusive manufacturer, distributor or agent in the Philippines notarized certification to this effect.	for the goods listed in <b>Annex A</b> please	attach in your quotation a duly			
As a condition for award, you will be required to submit the following docu	mentary requirements:				
* Accomplished Quotation (for goods or infra)/Proposal (for consul					
* Mayor's Permit	* Income/Bussines Tax Returns for Contract with an ABC amounting above Php. 500k				
* PhilGEPS Registration No.	*Notarized Omnibus Sworr ABC amounting to above P	n Statement for contracts with an hp. 50.000.00			
* PCAB license (for infra)	Č	. ,			
Note: Submission of PhilGEPS Platinum Certificate of Registration and Memb	ership is acceptable in lieu of the Mayo	or's Permit and PhilGEPS Reg. No.			
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 procui	rement.dswd.fo10@gmail.com not late	er than of for evaluation.			
		Very Truly Yours,			
		ARNEL V. RADAZA			
		DSWD 10 Procurement Officer			
Terms and Conditions:					
<ol> <li>Award shall be made on per:</li> <li>Quotation validity shall be 6 Months</li> </ol>	Total Quoted Price	Lot Basis			
3. Goods/Services shall be delivered/conducted within	15-30 working days upon re	eceipt 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 Pay	vable-Advice to Debit Account).				
Account Name:	Account Nun	nber:			
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 be at least equal to one-tenth of one percent (0.001) of the cost of the unperliquidated damages reaches ten (10%) of the amount of the contract, the Picto 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 present the present the cost of the	erformed portion for every day of dela rocuring Entity may rescind or termind	y. Once the cumulative amount of			
10. In case of a tie, the contract shall be awarded to the supplier or service provider who first submitted its quotation. website at <a href="https://www.philgeps.gov.ph">www.philgeps.gov.ph</a> and register for free."					
ARNEL V. RADAZA					

## Republic of the Philippines

## **Department of Social Welfare and Development**

Field Office No. 10 Cagayan de Oro City

## **PROOF OF RECEIPT**

**Quotation No:** 23- 0444 -NP-SVP **Items:** BAG-DUFFLE (MEDIUM)

Purpose: SOCIAL PENSION - SOCIAL PENSION UNIT ADVOCACY MATERIALS

Company Name	Representative	Position / Designation	Date	Signature

Canvasser	