



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

RFQ No.: 23- 0571 -NP-SVP  
Date: 04-Apr-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.  
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- 0571 -NP-SVP  
**Items:** HYGIENE KIT  
**Purpose:** HRMDD - WELFARE UNIT - FOR THE PROCUREMENT OF HYGIENE KIT FOR THE EMPLOYEES OF DSWD X

Company Name	Representative	Position / Designation	Date	Signature

\_\_\_\_\_  
Canvasser