DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Annex A

		-	ed at the Philippine Government Electronic Procurement PS website at www.philgeps.gov.ph and register for free."	RFQ No. Date:	23- 0511 -NP-SVP 14-Apr-23	
Compar	ıy Name:			_		
Compar	y Address:			_		
Contact Person: Contact No.:				_		
				_		
PhilGEP	S Reg. No.:			_		
Compar	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
	1225	PIECE	CELLCARDS GLOBE 300			
	931	PIECE	CELLCARDS TM 300			
	219	PIECE	CELLCARD SMART 300			
	413	PIECE	CELLCARD TNT 300			
			*******NOTHING FOLLOWS*****			
			Approved Budget for the Contract			
			(ABC): PhP 836,400.00			
PURPOS	E:	4PS - FOR 4F	S STAFF USE FOR 1st QUARTER 2023			•
FAILURE	to sign the o	riginal P.O me	11 MUST SIGN the original copy of Purchase Order (P.O eans that the bidder nd for suspension or blacklisting in DSWD's future b			
ARNEL	V. RADAZA			Supplier		
Procurement Officer				Signature over Printed Name		

Company Name:	RFQ No.: 23- 0511 -NP-SVP
Company Address:	Date: 14-Apr-23
Contact Person:	
Contact No. :	
Philgeps Reg. No. :	
Company TIN:	
Cir/Madam.	
Sir/Madam:	
. , , , , , , , , , , , , , , , , , , ,	s, VAT or other applicable taxes, and other incidental expenses for the goods listed in compliance. Also, furnish us with descriptive brochures, catalogues, literatures and/or
If you are the exclusive manufacturer, distributor or agent in the notarized certification to this effect.	Philippines for the goods listed in Annex A please attach in your quotation a duly
As a condition for award, you will be required to submit the follo	owing documentary requirements:
* Accomplished Quotation (for goods or infra)/Proposal	(for consulting)
* 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 Membership is acceptable in lieu of the Mayor's Permit and PhilGEPS Reg. No.
Please accomplish and submit this form together with Annex A a	nd all the required documents to DSWD – Procurement Unit, DSWD Field Office 10,
·	it to procurement.dswd.fo10@gmail.com not later than of
Quotations submitted to different ema	il address as stated above shall not be considered for evaluation.
	Very Truly Yours,
	ARNEL V. RADAZA
	DSWD 10 Procurement Officer
Terms and Conditions:	DSWD 10 Procurement Officer
Terms and conditions.	
1. Award shall be made on per: ✓ Item Ba	sis 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 inspection	ins
Payment through LDDAP-ADA (List of Due and Demandable A	ccounts 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.
	livery within the time specified above, the amount of the liquidated damages shall
	of the unperformed portion for every day of delay. Once the cumulative amount of
liquidated damages reaches ten (10%) of the amount of the con to other courses of action and remedies available under the circi	tract, the Procuring Entity may rescind or terminate the contract, without prejudice
•	
7. For goods, please indicate brand, model and country of origin.	
8. In case of discrepancy between unit cost and total cost, unit co	ist snail prevail.
9. Please indicate Warranty	ar comice provides who first substituted to acceptate
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 and register for free."	
ARNEL V. RADAZA	
Procurement Officer	Signature over Printed Name
i rocurement officer	Signature over Fillited 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- 0511 -NP-SVP **Items:** CELLCARDS GLOBE 300

Purpose: 4PS - FOR 4PS STAFF USE FOR 1st QUARTER 2023

Company Name	Representative	Position / Designation	Date	Signature

Canva	asser