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- 0700 -NP-SVP 25-Apr-23	
Compan	y Name:					
Company Address:			-			
Contact Person:				-		
Contact No.:			-			
PhilGEPS Reg. No.:			_	-		
Company TIN:				-		
Compan	iy iliv.			-		
Item No.	Qty.	Unit	Purchaser's Specifications	Bidder's Specifications (Please fill out the detailed specifications in the space provided)	Unit Cost	Total Cost
	280	PCS	UMBRELLA - AUTOMATIC/FOLDED			
	200	'	WITH LOGO DSWD			
			(ASSORTED DARK COLORS)			
			*******NOTHING FOLLOWS*****			
			Approved Budget for the Contract			
			(ABC): PhP 98,000.00			
PURPOS	E:	SOCIAL PENS	SION - SOCIAL PENSION UNIT TOKEN FOR PARTNER	LGU's		
PR No.	ANT. The win	2023-04-070	10 IUST SIGN the original copy of Purchase Order (P.O)	unan resaint of the D.O.		
			eans that the bidder	upon receipt of the P.O.		
	_	-	nd for suspension or blacklisting in DSWD's future b	iddings.		
ARNEL	V. RADAZA			Supplier		
Procure	ement Office	r		Signature over Printed Name		

Company Name:	RFQ No.: 23- 0700 -NP-SVP
Company Address:	Date: 25-Apr-23
Contact Person:	
Contact No. :	
Philgeps Reg. No. :	
Company TIN:	
· ·	
Sir/Madam:	
	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 P 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	wing 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 a	and Membership is acceptable in lieu of the Mayor's Permit and PhilGEPS Reg. No.
Masterson Avenue, Upper Carmen, Cagayan de Oro City or email i	d all the required documents to DSWD – Procurement Unit, DSWD Field Office 10, t to procurement.dswd.fo10@gmail.com not later than of 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:	Total Quoted Price Lot Basis
Quotation validity shall be 6 Months Goods/Services shall be delivered/conducted within	15 20 working days upon resoint of DO
4. Place of Delivery DSWD Field Office 10	15-30 working days upon receipt of PO
5. Terms of Payment: 15-30 days after the inspection	
Payment through LDDAP-ADA (List of Due and Demandable Acc	
Account Name:	Account Number:
Bank Name	
*Note: Non Land Bank of the Philippines accounts shall be charged a se	ervice fee.
6. Liquidated Damages/Penalty: <i>In case of failure to make full del</i> i	ivery 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 o	of the unperformed portion for every day of delay. Once the cumulative amount of ract, the Procuring Entity may rescind or terminate the contract, without prejudice
to other courses of action and remedies available under the circu	
7. For goods, please indicate brand, model and country of origin.	
8. In case of discrepancy between unit cost and total cost, unit cos	st shall prevail.
9. Please indicate Warranty	
10. In case of a tie, the contract shall be awarded to the supplier o	r 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

Republic of the Philippines **Department of Social Welfare and Development**

Field Office No. 10 Cagayan de Oro City

PROOF OF RECEIPT

23- 0700 -NP-SVP **Quotation No:**

Items:

UMBRELLA - AUTOMATIC/FOLDED WITH LOGO DSWD SOCIAL PENSION - SOCIAL PENSION UNIT TOKEN FOR PARTNER LGU'S Purpose:

Company Name	Representative	Position / Designation	Date	Signature

Canvasser	