DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Annex A

Note: Prospective supplier must be registere System (PhilGEPS). You may visit the PhilGEF	RFQ No. Date:	23- 0401 -NP-SV 21-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
	4	CASES	CORNED BEEF 150G 48'S			
	4	CASES	NON-SPICY SARDINES 155G 100'S			
	4	CASES	NON-SPICY TUNA FLAKES 155G 50'S			
	4	CASES	BEEF LOAF 150G 48'S			
	12	BOTTLE S	PEANUT BUTTER 340G			
	8	BOXES	CHEESE BIG 430G			
	10	BOTTLE S	CHEESE SPREAD 235G			
	7	CASES	MILK POWDER 330G 30'S			
	2	CASES	CONDENSED MILK BIG 300ML 48'S			
	2	CASES	EVAPORATED MILK BIG 410ML 48'S			
	1	KLS	FLOUR 1ST CLASS (25KG/BAG)			
	40	PKS	BIHON .480G			
	5	KLS	SOTANGHON 1KG			
	10		CANTON 1KG			
	8	CASES	NON-SPICY NOODLES 55G 72'S			
	6		ASSORTED BISCUITS 12'S			
	27		ASSORTED CANDIES 50'S			
	15		SPAGHETTI PASTA 900G			
	15	PACKS	SPAGHETTI SAUCE 1KG			
	6	CONT	PALM COOKING OIL 18 LITERS / 1 CONTAINER			
	10	C/S	SOFTDRINKS 290ML. 12 PCS/PACK			
			********NOTHING FOLLOWS*****			
		ļ	Approved Budget for the Contract	T		
		I	(ABC): PhP 105,741.11			

			Approved Budget for the Contract	
			(ABC): PhP 105,741.11	
PURPOS	SE:	RRCY - ASSO	RTED GROCERIES CONTINUING FUND CY 2023 UN	DER CMF
FAILURE	to sign the o	riginal P.O me	MUST SIGN the original copy of Purchase Order (P.0 eans that the bidder nd for suspension or blacklisting in DSWD's future	
				Supplier
ARNEL	V. RADAZA			
Procure	ement Office	er		Signature over Printed Nam

Company Name:				RFQ No.:	
Company Address:				Date:	21-Mar-23
Contact Person:					
Contact No. :					
Philgeps Reg. No. :					
Company TIN:					
Sir/Madam:					
			r other applicable taxes, and otl nce. Also, furnish us with descr		• =
If you are the exclusive manu notarized certification to this		or agent in the Philippi	nes for the goods listed in Anne	ex A please attacl	h in your quotation a duly
As a condition for award, you	ı will be required to	submit the following	locumentary requirements:		
* Accomplished Quo	tation (for goods or	infra)/Proposal (for co	nsulting)		
* Mayor's Permit			* Income/Bussing amounting above		or Contract with an ABC
iviayor s Permit			_	-	ement for contracts with
* PhilGEPS Registrati	on No.		ABC amounting to		
* PCAB license (for in					.
Note:Submission of PhilGEPS	Platinum Certificate	of Registration and Me	mbership is acceptable in lieu c	of the Mayor's Pe	ermit and PhilGEPS Reg. N
Masterson Avenue, Upper Ca	rmen, Cagayan de O	ro City or email it to <u>pr</u>	e required documents to DSWD ocurement.dswd.fo10@gmail.co ss as stated above shall not be c	om not later tha	n of
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