Company TIN: Email Address:

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Note: Prospective supplier must be registered at the Philippine Government Electronic Procurement System (PhilGEPS). You may visit the PhilGEPS website at www.philgeps.gov.ph and register for free."

Company Name:

Company Address:

Contact Person:

Contact No.:

PhilGEPS Reg. No.:

| Item No. | Qty. | Unit | Purchaser's Specifications | Bidder's Specifications (Please fill out the detailed specifications in the space provided) | Unit Cost | Total Cost |
|-------------|------|-------|--|--|-----------|------------|
| | | | SUPPLY AND DELIVERY OF: | | | |
| | 1 | UNITS | FABRIC UPHOLSTERED BEDFRAME WITH TUFTED HEADBOARD DESIGN WTH MATTRES BED | | | |
| | | | SPECS: | | | |
| | | | LARGE FRONT DRAWER W/MATRESS SIZE (54"x75" | | | |
| | | | BED FRAME SIZE (H102 x L211 x W 145 in cm.) | | | |
| | | | COLORS: PENDLE OATMEAL, ALDERLY CHARCOAL, MARBELLA DARK GREY | | | |
| | | | PLEASE SEE ATTACHED PHOTO FOR REFERENCE: | | | |
| | | | | | | |
| | 1 | UNITS | TUXEDO STYLE SOFA | | | |
| | | | SPECS: | | | |
| | | | COLOR: BEIGE OR CREAM | | | |
| | | | DOUBLE SEATER SOFA | | | |
| | | | PLEASE SEE ATTACHED PHOTO FOR REFERENCE: | | | |
| | | | | | | |
| | 1 | UNIT | WOODEN OFFICE ORGANIZER DIVIDER CABINET | | | |
| | | | COLOR DARK TANNED BROWN | | | |
| | | | BOTTOM NO GLASS DOUBLE DOOR WITH DEPTH ON EACH SHELVES OF 15.7" | | | |
| | | | TOP WOTH GLASS DOUBLE DOOR WITH DEPTH ON EACH SHELVES OF 15.7" | | | |
| | | | DIMENSION: 15.7"D x 31.5 W x 71"H | | | |
| | | | PLEASE SEE ATTACHED PHOTO FOR REFERENCE: | | | |
| | | | *******NOTHING FOLLOWS**** | | _ | |

| | | | Approved Budget for the Contract | | | | | |
|---|--|--|----------------------------------|--|--|--|--|--|
| | | | (ABC): PhP 70,000.00 | | | | | |
| PURPOSE: | | ADMIN - GSU - For DSWD FO-10 Dormitory use | | | | | | |
| PR No. <u>2024-05-0714</u> | | | | | | | | |
| | | | | | | | | |
| IMPORTANT: The winning bidder MUST SIGN the original copy of Purchase Order (P.O) upon receipt of the P.O. FAILURE to sign the original P.O means that the bidder is not interested and will be a ground for suspension or blacklisting in DSWD's future biddings. | | | | | | | | |

Supplier Signature over Printed Name

ARNEL V. RADAZA
Procurement Officer

| Company Name: | | | _ | RFQ No. 24-0714-NP-SV |
|--|------------------------------|-----------------------------------|---|---|
| Company Address: | | | _ | Date: 27-May-24 |
| Contact Person: Contact No. : | | | _ | |
| Philgeps Reg. No. : | | | _ | |
| Company TIN: | | | _ | |
| Email Address: | - | | _ | |
| Eman Address. | | | _ | |
| Sir/Madam: | | | | |
| | | | | al expenses for the goods listed in chures, catalogues, literatures and/or |
| If you are the exclusive manufacertification to this effect. | acturer, distributor or age | nt in the Philippines for the | goods listed in Annex A please a | attach in your quotation a duly notarize |
| As a condition for award, you | u will be required to sub | omit the following docume | tary requirements: | |
| * Accomplished Quo | tation (for goods or infi | ra)/Proposal (for consulting | g) | |
| | | | | urns for Contract with an ABC |
| * Mayor's Permit | | | amounting above Php. 500k | t A Statement for contracts with an A |
| * PhilGEPS Registra | ntion No. | | amounting to above Php. 50 | |
| * PCAB license (for | infra) | | | |
| Note:Submission of PhilGEPS | Platinum Certificate of F | Registration and Membership | is acceptable in lieu of the May | yor's Permit and PhilGEPS Reg. No. |
| | men, Cagayan de Oro Cit | ty or email it to bac.fo10@d | swd.gov.ph not later than 5:00 l | ment Unit, DSWD Field Office 10, PM on May 31, 2024. Quotations |
| | | | | 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 | 15-30 working days up | non receipt of PO | | |
| delivered/conducted within | • | <u> </u> | | |
| 4. Place of Delivery | DSWD Field Office 10 | = | | |
| 5. Terms of Payment: | 15-30 days after the in | <u>ispections</u> | | |
| Payment through LDDAP-ADA | ` | · | | |
| Account Nan Bank Nar | | | Account Number: | |
| *Note: Non Land Bank of the | | l be charged a service fee. | | |
| | | | rified above the amount of the liga | uidated damages shall be at least equal i |
| one-tenth of one percent (0.001) | of the cost of the unperform | ned portion for every day of de | lay. Once the cumulative amount of | of liquidated damages reaches ten (10% s of action and remedies available unde |
| 7. For goods, please indicate brands. 8. In case of discrepancy between | | - | | |
| Please indicate Warranty | umi cost and total cost, um | i cosi shan pievan. | | |
| 10. In case of a tie, the contract sh | all be awarded to the suppli | ier or service provider who first | submitted its quotation. | |
| 11. NOTE: "Prospective supplier www.philgeps.gov.ph and register | • | ilippine Government Electronic | Procurement System (PhilGEPS). | You may visit the PhilGEPS website at |
| | | | | |
| ARNEL V. RADAZA | | | | |
| Procurement Officer | | | | Supplier |
| | | | Ci on otrono | e 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: 24-0714-NP-SVP

Items: FABRIC UPHOLSTERED BEDFRAME WITH TUFTED HEADBOARD DESIGN WTH MATTRES BED

Purpose: ADMIN - GSU - For DSWD FO-10 Dormitory use

| Company Name | Representative | Position / Designation | Date | Signature |
|--------------|----------------|------------------------|------|-----------|
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| Canvasser | |
|-----------|--|