

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT FIELD OFFICE V

Regional Center Site, Rawis, Legazpi City, Albay

REQUEST FOR QUOTATION

Company Name _____
 Company Address _____
 Contact No. _____
 PhilGEPS Certificate No. _____

P.R. No. NF 2403-0179,
 Date: March 13, 2024,
 MOP: SMALL VALUE PROCUREMENT,
 TIN: _____

Please quote your lowest government price for the following item(s) specified below. Check/tick the "COMPLY" box if bidder complies with the specifications. A quotation containing unchecked/unchecked "COMPLY" boxes would be automatically rated as "FAILED".

ITEM NO.	QTY.	UNIT	ITEM DESCRIPTION AND SPECIFICATIONS	Kindly CHECK to signify compliance to the specs.	UNIT COST	TOTAL COST
SUPPLY AND DELIVERY OF VARIOUS OFFICE FURNITURES FOR USE OF FOOD STAMP PROGRAM STAFF,						
1,	8,	pc ,	Office Chair, Black Mesh Fabric Back Rest with arm rest. Trick Ergonomic Cushion. Pneumatic Height Adjustment. 360 Swivel Function. 280 mm Nylon Base and Casters. W≤45 cm, L≤47 cm, H = 84-94 cm,	<input type="checkbox"/> Comply <input type="checkbox"/> Comply <input type="checkbox"/> Comply <input type="checkbox"/> Comply <input type="checkbox"/> Comply <input type="checkbox"/> Comply		
2,	8,	set,	Office Table/Desk, With Pedestal, metal coated top surface . W≤60-70cm, L≤100-120cm, H≤75cm, 1 Metal main drawer, 3 metal side drawer with lock, off white/gray color	<input type="checkbox"/> Comply <input type="checkbox"/> Comply <input type="checkbox"/> Comply		
3,	2,	piece,	Vertical 4 Layer Steel Cabinet , Color: Gray, Main Materials: Steel, Gauge 22 Metal Central, Dimension: W - 46 cm D - 62 cm H - 134 cm ,	<input type="checkbox"/> Comply <input type="checkbox"/> Comply <input type="checkbox"/> Comply		
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Approved Budget for the Contract:				PHP 147,730.00,		

IMPORTANT REMINDERS:

1. Price quotation/s must be valid for a period of _____ days from the date of submission.
2. **DELIVERY PERIOD: As specified in the contract,**
3. **PLACE OF DELIVERY: DSWD FO V, Rawis, Legazpi City,**
4. The project shall be **AWARDED** as follows: (a) as one contract _____ (b) separate contracts per lot _____ (c) separate contracts per item
5. TERM OF PAYMENT: **CHARGED ACCOUNT**, unless specified.
6. LIQUIDATED DAMAGES: **One-Tenth Of One Percent (0.001) of the cost of the unperformed portion of the contract for every day of delay.** Once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, the DSWD FOV **may rescind or terminate the contract,** without prejudice to other courses of action and remedies available under the circumstances.
7. Required documents to submit:
 - a. PhilGEPS Certification Number
 - b. Valid Mayor's or Business Permit
 - c. Latest Income Tax Return
8. As a condition for AWARD, you will be required to submit the following documents:
 - a. **Omnibus Sworn Statement** b. _____
9. For any clarifications, you may contact the BAC Secretariat through **fo5kcprocurement@gmail.com** or **0910-017-0616**
10. Submit your quotation duly signed by you or your duly authorized representative not later that the deadline on MAR 18 2024

JUDEX DONNEL G. LLAMOSO
 BAC & Procurement Head


 Signature Over Printed Name of Canvasser

 Signature Over Printed Name of Bidder