

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 2403-0186
 Date: March 14, 2024
 MOP: SHOPPING UNDER SECTION 52.1(B)
 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/unticked "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
PURCHASE OF SUPPLIES FOR USE OF FOOD STAMP PROGRAM STAFF						
1	3	piece	Storage Box (Transparent, extendable handle, stockable modular cover, ergonomic handle, heavy duty base, large wheels) 70 L White	<input type="checkbox"/> Comply		
2	9	bottle	Ethyl Alcohol 70% scented 500ml	<input type="checkbox"/> Comply		
3	1	pack	Toilet Tissue Paper 2-ply sheets, 12 rolls per pack	<input type="checkbox"/> Comply		
Page 1 of 1						
Approved Budget for the Contract:					PHP 3,091.00	

IMPORTANT REMINDERS:

- Price quotation/s must be valid for a period of ____ days from the date of submission.
- DELIVERY PERIOD: As specified in the contract,**
- PLACE OF DELIVERY: DSWD FO V, Rawis, Legazpi City.**
- The project shall be **AWARDED** as follows: (a) as one contract ____ (b) separate contracts per lot ____ (c) separate contracts per item
- TERM OF PAYMENT: CHARGED ACCOUNT**, unless specified.
- 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.
- Required documents to submit:
 - PhilGEPS Certification Number
 - Valid Mayor's or Business Permit
 - Latest Income Tax Return
- As a condition for AWARD, you will be required to submit the following documents:
 - Omnibus Sworn Statement
 - _____
- For any clarifications, you may contact the BAC Secretariat through fo5kcpurchase@gmail.com or 0910-017-0818
- Submit your quotation duly signed by you or your duly authorized representative not later than the deadline on MAR 19 2024

JUDEX DONNEL G. LLAMOSO
 BAC & Procurement Head

ANA MAE M. ALAGABAN
 Signature Over Printed Name of Canvasser

 Signature Over Printed Name of Bidder