DRN: V-FO-4PS-AS-SS-PROP-24-03-15201-S

End-User: PANTAWID PAMILYA PROGRAM

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT FIELD OFFICE V

Regional Government Center, Rawis, Legazpi City, Albay

REQUEST FOR QUOTATION

Company Name: Company Address: Contact No./ Email Address:				PR No.: Date: Mode of	NF 2409-0693 September 26, 2024	
PhilGEPS Certificate No.:				Procurement:	Sec.53.9 Sma	III Value Procurement
Please qu	ote your lowest	government	price for the following item(s) specified below. Check/tick the "COMPLY" box if bidder cor		cations. A quotation	containing
unchecke	d/unticked "CO	MPLY" boxes	would be automatically rated as "FAILED".			
NO.	QTY.	UNIT	ITEM DESCRIPTION AND SPECIFICATIONS	Kindly tick the box to signify compliance to the specs.	UNIT COST	TOTAL COST
			LABOR AND MATERIALS FOR THE PRODUCTION OF TARPAULIN OF CAPABILITY TRAINING FOR PANTAWID LEADERS ON OCTOBER 10-11, 2024 IN SAN LORENZO RUIZ, CAMARINES NORTE			
	1	рс	TARPAULIN	☐ Comply	Р	P
-			Size: 4ft x 6ft, full color print, with goblets			
			The service provider shall provide the layout of the above-mentioned item in compliance with the DSWD branding guidelines and ensure proper coordination with the end-user. Printing shall be done once approved by the end-user			
					P.	
			APC: Phy 4 400 00			
			ABC: Php 1,100.00			nikki
Price quota DELIVER PLACE OF The Projec TERM OF TEQUIDAT The Required Required As a cond As a cond Ted Off Ted Off Submit your	Y PERIOD: <u>Seven</u> F DELIVERY: ct shall be AWARD PAYMENT: CHAR ED DAMAGES: On ct, the DSWD FOV documents to subneper EPS Certification I itition for <u>AWARD</u> , you substitute the sworn statem artifications, you may	(7) Calendar L DSWD FO V-R IED as follows; GED ACCOUNT te-Tenth Of One may rescind or nit: Number b. \ ou will be require ent for Contract or contact the BAI gigned by you or y	nuless specified. Percent (0.001) of the cost of the unperformed portion of the contract for every day of delay. Once the terminate the contract, without prejudice to other courses of action and remedies available under the circumst valid Mayor's or Business Permit c. Latest Income Tax Return	ances.		
	ROSEMARIE 10 III / Heq			. Signature over Pr	mico manie di DiduelfAl	thorized Representative