



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Field Office MiMaRoPa Region
1680 F.T. Benitez corner Malvar Sts., Malate, Manila

REQUEST FOR QUOTATION

RFQ No. 2022-07-00712 NP SVP
Date: July 13, 2022

Company Name : _____
Company Address : _____
Contact Person : _____
Contact No. : _____
Email Address : _____
Company TIN : _____
PhilGEPS Reg. No. : _____

Sir/Madam:

Please quote your government price/s including delivery charges, VAT or **other applicable taxes**, and other incidental expenses for the goods listed in **Annex A**. Failure to indicate information could be basis for non-compliance. Also, furnish us with descriptive brochures, catalogues, literatures and/or samples, if applicable.

If you are exclusive manufacturer, distributor, or agent in the Philippines for goods listed in Annex A, please attach in your quotation a duly notarized certification to this effect.

Additionally, please attach copies of your **Company's Business Permit, PhilGEPS Certificate, latest Income/Business Tax Return and Omnibus Sworn Statement**. The **Certificate of Platinum Membership** maybe submitted in lieu of the Mayor's /Business Permit and PHILGEPS Registration Number

Please accomplish and submit this form together with Annex A to DSWD - Procurement Unit at 2nd Floor 1680 F.T. Benitez corner Malvar Sts., Malate, Manila or **fax it through numbers: (02) 8336-8106 to 07 loc. 24051-52 or email to: ccrvictorio@dswd.gov.ph** not later than **5:00PM on July 20, 2022 (Wednesday)**.

Very truly yours,

PACITA NOREN YSUG-VILLAZORDA

Administrative Officer IV
Procurement Section

Tel. No: 5336-8106 loc 24051-52

JUL 13 2022

Terms and Conditions:

- Award shall be made on per: item basis total quoted price lot basis
- Price Validity shall be valid until: One Hundred Twenty (120) Calendar days
- Services shall be delivered 7-10 days upon receipt of approved PO
- Place of Delivery: SWAD Office Romblon (Servañez Bldg. General Luna ST., Brgy. Liwayway, Odiongan, Romblon)
- Terms of Payment: within 15-30 days upon final inspection and acceptance
Payment through LDDAP-ADA (List of Due and Demandable Accounts Payable- Advice to Debit Account)
Account Name: _____ Account Number : _____
Bank Name: _____ Branch: _____
****Note: Non Land Bank of the Philippines accounts shall be charged a service fee**
- Liquidated Damages/Penalty: In case of failure to make full delivery within the time sepcified above, the amount of the liquidated damages shall be at least equal to one-tenth of one percent (0.001) of the cost of the unperformed portion for every day of delay shall be imposed. Once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of contract, the Procuring Entity may rescind or terminate the contract without prejudice to other courses of action and remedies available under the circumstances.
- For goods please indicate brand, model and country of origin.
- In case of discrepancy between unit cost and total cost, unit cost shall prevail.
- Please indicate warranty: _____
- 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 to register"**

CATHERINE CATHY R. VICTORIO
Procurement Officer
Tel. No: 5336-8106 loc 24051-52

Signature Over Printed Name
(Supplier)



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RFQ No. 2022-07-00712 NP SVP
 Date: _____ (should be filled by suppliers)

MOP: SVP

Company Name : _____
 Company Address : _____
 Contact Person : _____
 Contact No. : _____
 Email Address : _____
 Company TIN : _____
 PhilGEPS Reg. No. : _____

Item No.	Qty.	Unit	Purchaser's Specifications	Bidder's Specifications	Unit Cost	Total Cost
Purchase of Medicine / Medical Supplies for DSWD FO MIMAROPA Regional and Provincial Offices - Romblon						
1	1	box	MEFENAMIC ACID, 500mg (100 capsules)			
2	1	box	PARACETAMOL, 500mg / 65mg (100 tablets)			
3	1	box	LOPERAMIDE, 2mg (100 capsules)			
4	1	box	ANTIHISTAMINE, 10mg (100 tablets)			
5	1	box	MECLIZINE, 25mg (100 tablets)			
6	1	box	ANTISEPTIC PLASTER STRIPS, Regular size (50 pcs)			
7	1	bottle	PROVIDONE IODINE SOLUTION , 60 ml			
8	1	bottle	MEDICINE OIL, 5 ml (contains Methyl Salicylate, Eucalyptus oil, Camphor and lavender oil for nausea and headache)			
9	1	set	BLOOD PRESSURE MONITOR SET (Automated)			
			Medical grade blood pressure monitoring that provides accurate and comfortable upper arm blood pressure measurement with Enhanced Intellisense Technology, Straight forward one button operation with cuff wrapping, body movement detection Hypertension indicator and irregular heart beat detection			
10	477	pack	SURGICAL FACE MASK			
			Material: Non woven + Filter cotton			
			Type: Anti-dust, haze, smoke, germs			
			Color: Regular color (white and blue)			
			Size: Normal size (17.5 cm x 9.5 cm)			
			Quantity: 50 pcs / pack			
			Specification:			
			Soft beathable, soft fibrous material			
			3-layer disposable mask			
			with stretchy ear loops and easy to wear			
			nothing follows			
			Delivery Date: 7-10 days upon receipt of approved PO			
			Delivery place:			
			SWAD Office Romblon (Servañez Bldg. General Luna ST., Brgy. Liwayway, Odiongan, Romblon)			
				Note: Please specify brand/model/ origin Please fill up the space for Bidder's Specification		
				"Failure to indicate information could be basis for non-compliance."		
Approved Budget Cost: Php 32,494.00						-

PURPOSE: Purchase of Medicine / Medical Supplies for DSWD FO MIMAROPA Regional and Provincial Offices - Romblon
PR No.: 2022-07-00712 NP SVP
IMPORTANT: The winning bidder **MUST SIGN** the original copy of Purchase Order (P.O.) at DSWD FO MIMAROPA Region, Procurement Unit within three (3) days from the date advance copy was served thru fax.

FAILURE to show up and sign the original P.O. means the bidder is not interested and will be ground for suspension or blacklisting in DSWD's future biddings.

CATHERINE CATHY R. VICTORIO
 Procurement Officer

Tel: 336-8106 Local 101/Fax No: 8336-8106 Local 24051-52/Email: procurementdswd41

(Signature over printed name)
 Supplier

VAT
 Non-VAT