



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

REQUEST FOR QUOTATION



RFQ No. 2022-07-0162 SHOPPING B
Date: August 8, 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, Mayor's 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) 5336-8106 to 07 loc. 24052 or email to: abpalencia@dswd.gov.ph** not later than 5:00 PM on August 15, 2022 (Monday).

Very truly yours,

PACITA NOREN L. YSUG VILLAZORDA
Administrative Officer IV
Procurement Section Head
AUG 08 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 on: 5 Working days upon the receipt of approved purchase order
- Place of Delivery: DSWD Field Office MIMAROPA Malate, Manila
- 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 specified 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"

ALEJANDRO B. PALENCIA

Procurement Officer
Telefax: 5336-8106 to 07 loc. 24052
Contact Number: 0997-304-9402

Signature Over Printed Name
(Supplier)



REQUEST FOR QUOTATION RECEIVING FORM

I Hereby certify that I _____, of _____ has received the **Request for**

Quotation RFQ No. 2022-07-0162 from DSWD MIMAROPA Region intended for the

Purchase of Medical Supplies for KALAHI CIDSS Area Coordinating Team Use.

Certified by:

(Signature Over Printed Name of Supplier)
Contact: _____
Email Address: _____

RFQ Delivered by:

(Signature Over Printed Name of Canvasser)
Position: _____
Date / Time of Delivery: _____

Note: This form shall be used and issued in cases when RFQ is personally delivered to prospective supplier/service provider.



RFQ No. 2022-06-0162
Date: August 04, 2022

MCP: SHOPPING B

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

Item No.	Qty.	Unit	Bidder's Specifications	Unit Cost	Total Cost
1	260	boxes	N95 Mask Specification: NIOSH approved Adjustable Nose Clip Nose Foam Ultrasonic welded Headband		
2	130	boxes	Sodium Ascorbate (Vitamin C) Specification: Multivitamins and Mineral 100 capsule per box Sodium Ascorbate with Zinc 500 mg Vitamin C 10 mg Zinc		
3	130	bottles	Isopropyl Alcohol Specification: 70% Isopropyl Alcohol Solution Net Weight: 1 Liter Disinfectant and Anti-septic Hypo-Allergenic with Moisturizer Pump Type		
4	130		Digital Thermometer Specification: Measuring Time: 60 Seconds Temperature Alarm Prompt, like the fever can be set emergency alarm Replaceable battery, high accuracy and fast response Easy to read Digital Display Automatic Shut off Can be used in Oral, Rectal and Ampit With free battery		
5	130	pieces	Pulse Oximeter Specification: Easy to Read Two Color TFT Display Light and Compact: Easy and Convenient to Operate Anti-Movement Algorithm and Low Power Consumption Accuracy: 80%-100% (SpO2) and 2bpm (PR) Range: 35%-100% (SpO2) and 25-250bpm (PR) With Free Battery		
6	43	set	Sphygmomanometer 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 heartbeat detection		
7	260	pack	Interfolded Paper Towel 2 Ply 150 pulls Hypoallergenic, Fragrance Free 2/pack		
			<p>Approved Budget For the Contract: 292,700.00</p> <p>*** Nothing Follows ***</p> <p>*** Page 1 of 1 ***</p>		
			<p>Date of Delivery: 5 days upon receipt of approved PO</p> <p>Place of Delivery: DSWD Field Office MIMAROPA - KALAHI-CIDSS Office</p> <p>Contact Person: Marvin T. Trillana</p> <p>Contact Number: 09203546893</p>		
				<p>"Failure to indicate information could be basis for non-compliance." Please indicate the brand being offered</p>	
				Total Amount	

PURPOSE: Purchase of Medical Supplies for KALAHI CIDSS Area Coordinating Team Use.
PR No.: 2022-07-0167

ALEJANDRO B. PALENCIA
Procurement Officer
Telefax: 5330-9106 to 07 loc. 24052
Contact Number: 0997-304-9402

(Signature over printed name)
Supplier

VAT
 Non-VAT

IMPORTANT: The winning bidder MUST SIGN the original copy of Purchase Order (P.O.) at DSWD FO MIMAROPA Region, Procurement Section within three (3) days from the date advance copy was served thru email. 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.