DEPARTMENT OF SOCIAL WELFARE & DEVELOPMENT

Field Office XII, Koronadal City

REQUEST FOR QUOTATION

Company Name:				RFQ No.:	2020-09-0580
Address			•	Date:	9/7/2020
Contact Person:					
Contact No.:					
Sir/Madam:					
Please quote your government in Annex A. Also, furnish us v			applicable taxes, and other incident of the properties of the samples of applicable.	dental expenses	for the goods listed
If you are the exclusive manu notarized certification to this e		t in the Philippines for th	e goods listed below, please a	ttach in your quo	otations a duly
Please accomplish and subm Koronadal City or email at pro			ecretariat at DSWD Field Officenber 14, 2020, 10:00 A.M.	e XII, Purok Bum	nanaag, Brgy. Zone III,
			Ver	y truly yours,	
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				EN T. BATABO	
			neau, Pit	ocurement Section	OH
TERMS AND CONDITIONS:	<u>:</u>				
1. Award shall be made on pe	er:	[] item basis [] total qu	uoted		
2. Quotations validity shall no	•				
3. Good/s shall be delivered of4. Place of Delivery: REGION		pon receipt of the PO.			
5. Terms of Payment: n/30	V 12				
•	alty: one-tenth (1/10) of one	percent for every day of	delay shall be imposed on the	undelivered iten	n/s
7. Must be PhilGEPS register					
8. Indicate brand, model and	, ,	4			
9. In case of discrepancy beto10. Warranty:	ween unit cost and total cos	st, unit cost snall prevall.			
			(Signatura	over Printed Na	ma)
			(Signature	Supplier	inc)