

Republic of the Philippines

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Field Office 02

Regional Center, Carig, Tuguegarao City Tel Nos. (078)304-1004 Telefax (078)304-0586

REQUEST FOR PRICE QUOTATION 23-02-0127

Date:

February 13, 2023

for the use of Social Pension Program Payout (filing of attachments and payrolls, signing and printing of payrolls and

ITEM	ITEM	Quantity	Unit	Price Quotation		Remarks
NO		Quantity		Unit Price	Total Price	Kemarks
1	Rubber Stamp "Paid"	40	pcs			PR# 2023-01-
2	Rubber Stamp "Verified"	60	pcs			0022
	Total Approved Budget = P 70,000			+		
	quotations must be inclusive of tax. Tested suppliers are requested to SUBMIT THEIR B	BIDS on or before		to the DSWD Re	gional Office,	Regional Center,
arig. I	uguegarao Citv thru: *DSWD E-Mail Address at bacsec.fo2@dswo *DSWD Regional Bids and Awards Committe	70.5				
he foll	owing suppliers' business documents are required	for submission to D	SIMP PAGG-			
	*DTI Business registration *Mayor's Permit	TO SUBMISSION to D	SWD BAC Sec	retariat before b	id submission Others Requ	
ids sul	*DTI Business registration					
ids sul	*DTI Business registration *Mayor's Permit *TAX Clearance					
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	*DTI Business registration *Mayor's Permit *TAX Clearance omitted not in consonance with the above stated					L. ARAOJR. PChairperson
iids sul	*DTI Business registration *Mayor's Permit *TAX Clearance omitted not in consonance with the above stated				CELSO BAC C Dir	L. ARAOJR., Polyage and the control of the control
Quoted	*DTI Business registration *Mayor's Permit *TAX Clearance pomitted not in consonance with the above stated by: Registered Business Name	date, time and place			CELSO BAC C Dir	L. ARAOJR., Polyage and the control of the control
Quote d	*DTI Business registration *Mayor's Permit *TAX Clearance omitted not in consonance with the above stated	date, time and place			CELSO BAC C Dir	L. ARAOUR., Chairperson ector III
Quoted Printed Busines	*DTI Business registration *Mayor's Permit *TAX Clearance omitted not in consonance with the above stated by: Registered Business Name Name and Signature of Owner/Authorized Repress Address Submission:	date, time and place			CELSO BAC C Dir	L. ARAOUR. Portion in ector III
rinted susines	*DTI Business registration *Mayor's Permit *TAX Clearance pomitted not in consonance with the above stated by: Registered Business Name Name and Signature of Owner/Authorized Repress Address Submission:	date, time and place			CELSO BAC C Dir	L. ARAOJR., Polyage and the control of the control
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Printed Busines Date of Contact Terms of	*DTI Business registration *Mayor's Permit *TAX Clearance omitted not in consonance with the above stated by: Registered Business Name Name and Signature of Owner/Authorized Repress Address : Submission : t No : of Payment : mber : s Registration no.	date, time and place	would be rej		CELSO BAC C Dir	L. ARAOUR., Chairperson ector III

NO THE NAME OF THE PARTY OF THE

Date Received

Signature over Printed Name of Representative/Owner