



Tulong!Sulong!

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
23-03-0217

Date: March 13, 2023

Purpose: for network cabling, restructuring and organization

The DSWD Regional Office announces its intention to purchase goods and services and invites into BID for the following:

ITEM NO	ITEM	Quantity	Unit	Price Quotation		Remarks
				Unit Price	Total Price	
1	18V Solo Cordless Rotary Hammer with SDS plus with battery and charger Please see attached specs:	2	pcs			PR# 2023-03-0412
2	Industrial SDS-Plus Hammer Drill Bits X-Tip 16mm	4	pcs			
	Total Approved Budget = P 62,400.00					

Notes:

- *This can be sent through fax. Submission must be two (2) days upon receipt. Late canvass shall be automatically rejected.
- * Price quotations must be inclusive of tax.

All interested suppliers are requested to **SUBMIT THEIR BIDS** on or before _____ to the DSWD Regional Office, Regional Center,

- *DSWD E-Mail Address at bacsec.fo2@dswd.gov.ph
- *DSWD Regional Bids and Awards Committee

The following suppliers' business documents are required for submission to DSWD BAC Secretariat before bid submission:

- *DTI Business registration
- *Mayor's Permit
- *TAX Clearance

Others Required:

Bids submitted not in consonance with the above stated date, time and place would be rejected.


CELSO L. ARAO JR.
BAC Chairperson
Director III

Quoted by:

Canvassed By:

Registered Business Name

Canvasser

(Signature over printed name)

Printed Name and Signature of Owner/Authorized Representative

Business Address : _____

Date of Submission : _____

Contact No : _____

Terms of Payment : _____

TIN Number : _____

Philgeps Registration no.

ACKNOWLEDGMENT RECEIPT

Date: _____

This is to acknowledge receipt of Request for Price Quotation 23-03-0217 from the Department of Social Welfare and Development (DSWD) Field Office 02, Regional Center, Carig, Tuguegarao City, Cagayan

Name of Company/Supplier/Bidder/Service Provider: _____

Signature over Printed Name of Representative/Owner

Date Received

