

REQUEST FOR PRICE QUOTATION
23-05-0504

Date: May 12, 2023

Purpose: for use of Regional Haven for Women and Girls for the Second Quarter CY 2023

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	Bath Soap 135g/box (antibacterial soap)	450	box			PR# 2023-04-0767
2	Shampoo sachet 15ml/sachet	105	dozen			
3	Conditioner 12ml/sachet	105	dozen			
4	Baby bath soap 200ml/bottle	10	bottle			
5	Lotion 200ml/bottle	45	bottle			
6	Cologne 125ml/bottle	45	bottle			
7	Baby oil 200ml/bottle	45	bottle			
8	Deodorant 40ml/bottle	45	bottle			
9	Tawas 50grams/cup	45	pcs			
10	Face powder 200gms/bottle	30	bottle			
11	toothbrush soft bristle	45	pcs			
12	Sanitary napkin with wing 16pcs/pk	135	packs			
13	cotton buds for baby 200tips/pk	10	packs			
14	cotton 200gms	2	pcs			
15	Feeding bottle 8oz	5	pcs			
16	bottle brush	5	pcs			
17	nipple cross cut (5 medium, 5 large)	10	pcs			
18	comb (standard size)	20	pcs			
19	fine comb (suyod) plastic	15	pcs			
20	ponytail, cloth	30	pcs			
21	nail cutter (6 small, 6 large)	12	pcs			
22	Hypo allergenic soap 80g/box	12	pcs			
Total Approved Budget = P 63,338.00						

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:

Registered Business Name

Printed Name and Signature of Owner/Authorized Representative

Business Address : _____

Date of Submission : _____

Contact No : _____

Terms of Payment : _____

TIN Number : _____

Philgeps Registration no. _____

Canvassed By:

Canvasser
(Signature over printed name)

ACKNOWLEDGMENT RECEIPT

Date: _____

This is to acknowledge receipt of Request for Price Quotation 23-05-0504 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