

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 23-09-0940

Date:

September 15, 2023

Signature over Printed Name of Representative/Owner

conduct of Enhanced Partnership Against Hunger and Poverty (EPAHP) Program National

Purnose

Convergence Team, National Program Management Office, and Regional Convergence Team Forum

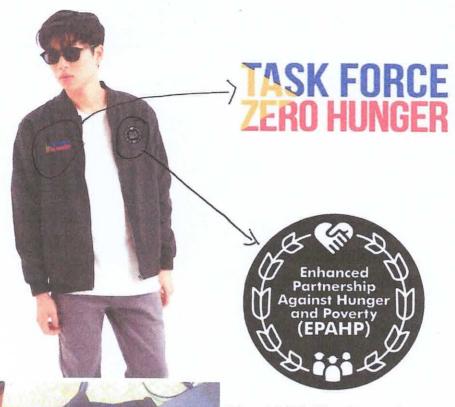
			400.00	Price O	the following: uotation	
NO	ITEM	Quantity	Unit	Unit Price	Total Price	Remarks
1	ID Lace (18 inches, color and writings as per attached)	100	pcs			PR# 2023-0
2	Jacket (Specs and sizes required attached)	100	pcs			1549
	Total Approved Budget = P 130,000.00					
* Price q	n be sent through fax. Submission must be two (2) days usubtations must be inclusive of tax. Instead suppliers are requested to SUBMIT THEIR BIDS on o					
	*DSWD Regional Bids and Awards Committee wing suppliers' business documents are required for subn *DTI Business registration *Mayor's Permit *TAX Clearance mitted not in consonance with the above stated date, tim	nission to DSWD			d submission: Others Require	ed:
					The state of the s	arperson
Quoted I	py:				BACCH	ector III
Quoted l	py: Registered Business Name	_			BAC Ch Dire Canvassed By:	ector III
	Registered Business Name				BAC Ch Dire Canvassed By:	ector III
Printed N	Registered Business Name Name and Signature of Owner/Authorized Representative				BAC Ch Dire Canvassed By:	vasser
Printed N	Registered Business Name Name and Signature of Owner/Authorized Representative Address:	_			BAC Ch Dire Canvassed By:	vasser
Printed N Business Date of S	Registered Business Name Name and Signature of Owner/Authorized Representative Address :	_			BAC Ch Dire Canvassed By:	vasser
Printed N Business Date of S Contact	Registered Business Name Name and Signature of Owner/Authorized Representative Address : Submission :	_			BAC Ch Dire Canvassed By:	vasser
Printed N Business Date of S Contact Terms of	Registered Business Name Name and Signature of Owner/Authorized Representative Address : Submission : No : Payment :				BAC Ch Dire Canvassed By:	vasser
Printed N Business Date of S Contact Terms of TIN Num	Registered Business Name Name and Signature of Owner/Authorized Representative Address :				BAC Ch Dire Canvassed By:	vasser
Printed N Business Date of S Contact Terms of TIN Num	Registered Business Name Name and Signature of Owner/Authorized Representative Address : Submission : No : Payment : Ber : Registration no.		PT		BAC Ch Dire Canvassed By:	vasser

Date Received



Colon: combination of black, yellow & green, as per the above pricture.

Whiting: EPAHP DSWD



Material: Wind breaker semi water proof type.

Logo: Embroidered Logo Size: Standard

Color: Black

Sizes will be in male standards:

XXL-5 XL- 20 L-20 M-35 S-20