



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**  
**23-09-0958**

**Date:** September 19, 2023

**Purpose:** for RSCC use for 4th 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	Fullcream powder milk, 1kg	51	packs			PR# 2023-09 1562
2	Formula Milk 3 plus, 1.6 kg (Pediasure)	9	packs			
3	Formula Milk for 1-3 yrs.old 1.6kg (Pediasure)	9	packs			
<b>Total Approved Budget = P 62,850.00</b>						

**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 23-09-0958 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**

