



REQUEST FOR PRICE QUOTATION
21-09-0697

Date: September 13, 2021

Purpose: for the use of Community Based Section

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	Office Chair: Revolving Ergonomic Chair <i>Specifications:</i> <i>Material: Mild Steel Metal Fram</i> <i>Back Material: High Density Cushion, supersoft, fibre with high quality composite leatherette</i> <i>Tilt Back: Any Position lock tilt bolt</i> <i>Cast Material: Nylon</i> <i>Hydraulic: Class 3 type of seat height adjustment</i>	9	pcs			PR# 2021-08-1305
2	Printer with Scanner and Copier <i>Specifications:</i> <i>Compact Integrated Tank Design</i> <i>Print Speeds up to 15ipm for black and 8.0ipm for coloured</i> <i>Auto duplex printing</i> <i>Ethernet & Wifi Direct, Borless Printing up to 8.5" x 13" size, spill free ink refilling</i>	6	pcs			
3	Steel Cabinets: 4 drawers with lock, 52"Hx19"Wx28"D	5	pcs			
4	Cork Board 4ft x 3ft	1	pc			
Total Approved Budget = P 199,000.00						

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, Carig, Tuguegarao City thru:

- *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.

9/17
CELSO L. ARAO JR.
 BAC Chairperson
 Chief Admin. Officer
 OIC, Asst. Reg'l Director for Admin

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 21-09-0697 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