



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

21-10-0780

Date: October 11, 2021

Purpose: for the rehabilitation of electrical wirings and fixtures at CVRRCY Roma Norte, Enrile, Cagayan
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	THHN #12	15	boxes			PR# 2021-09-1619
2	THHN #14	10	boxes			
3	4" Receptacle	50	pcs			
4	3/4" Flexible Hose	3	rolls			
5	Utility Box	50	pcs			
6	Junction Box	50	pcs			
7	2 Gang Outlet (Universal)	50	pcs			
8	2 Gang Switch	50	pcs			
9	U Bulb 100w	50	pcs			
10	Single Gang Switch	50	pcs			
11	Circuit Breaker 30A	10	pcs			
12	Circuit Breaker 15A	10	pcs			
13	Electrical Tape Big	20	rolls			
Total Approved Budget = P 109,950.00						

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.

10/13
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 21-10-0780 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 _____