



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  
21-10-0799

Date: October 20, 2021

Purpose: For termite pest control for the buildings.

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	Labor and materials for termite pest control	500	sq.m			PR# 2021-08-1376
Total Approved Budget=P 50,000.00						

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.

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

Canvassed By:

Quoted 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 21-10-0799 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