



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
21-10-0804

Date: October 20, 2021

Purpose: For Advocacy material of the Pantwid Program.

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 | Printing and Lay-out of Antolohiya: Compedium of stories | 445 | pcs | | | PR# 2021-09-1595 |
| | Specification: 150 pages 9 (atleast 70 colored pages and 80 black and white) Includes 24 pages of mothly plan matrix | | | | | |
| | Matte laminated cover | | | | | |
| | Size: 21 cm x 29.7cm | | | | | |
| | Paper type:28lb/105g/m ² | | | | | |
| | Total Approved Budget=P 178,000.00 | | | | | |

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. 10/20

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 21-10-0804 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 _____