

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 21-10-0813

Date:

October 20, 2021

Purpose: For the construction of Three(3) door Dormitory at 3rd floor of Operation Center, DSWD F02

The DSWD Regional Office announces its intention to purchase goods and services and invites into BID for the following: Price Quotation Remarks Quantity ITEM Unit Price Total Price NO Pre-painted long span Corrugated Type Roofing (1.08m 25 pcs 1 x 8.5m x 0.5mm thk) Pre-painted end Wall Flashing (.5mm thk) 15 pcs 2 PR# 2021-09-1620,1621 & 1622 Total Approved Budget=P 80,250.00 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 *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: Others Required: *DTI Business registration *Mayor's Permit *TAX Clearance 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: Canvasser Registered Business Name (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 21-10-0813 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: ___

Date Received

DCIA/D/BACCacratariat2021

Signature over Printed Name of Representative/Owner