

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office VII

Corner M.J. Cuenco and Gen. Maxilom Ave., Cebu City

REQUEST FOR QUOTATION SHOPPING

| | | RFQ No. : | DSWD7-2024-0239 |
|-----------------------|--|------------------------------|--|
| | | Date | March 11, 2024 |
| Company Name | • | | |
| Company Address | * | | |
| Contact Person | | | |
| Contact No. | * <u></u> | | |
| | ion No.: | | |
| | | | |
| Sir/Madam: | | | |
| expenses for the g | government price/s including delivery cha loods listed in Annex A. Failure to indicate th descriptive brochures, catalogues, literate | e information could | be the basis for non-compliance. Also, |
| | sive manufacturer, distributor or agent in the duly notarized certification to this effect. | ne Philippines for the | goods listed in Annex A, please attach |
| | providers are required to submit true co per upon submission of quotation. | pies of their valid I | Mayor's/Business Permit & Philgeps |
| Field Office VII, Cel | and submit this form together with Anne bu City or send it through facsimile numbers wd.gov.ph on or before March 14, 2024 at | s (032) 233-8785; 23 | |
| | | Very truly yours | |
| | | Š | |
| | | ENGD EMMAN | IUEL M. EDLES |
| | | | ocurement Management Section |
| Terms and Conditi | ions: | | |
| 1. Award shall be m | The state of the s | quoted price | ot basis |
| | r shall be not less than <u>60 calendar days.</u> es shall be delivered <u>within 30 days calen</u> | dar from receipt an | d conformity of Burchase Order |
| 4. Place of Delivery | DSWD FO VII, Corner M.J. Cuenco Av | | |
| 5. Terms of Paymer | nt: within 30 days from the receipt of bil | | |
| 7. In case of discrep | ges/Penalty: One-tenth of one percent pancy between total price per item and unit quantity of that item, the latter shall prevail. | price for the item as | |
| 8. Warranty period, | if applicable: | | 1 |
| | | 15 | ish epente RCII |
| | | ВО | NAPARTE D. CASEÑAS II |
| | | | Canvasser |
| I am interested to q | uote and agree to the terms and conditions. | | |
| | | | |
| | nted Name of Supplier / Service | | |
| Provider / A | uthorized Representative) | | |

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DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office VII, Cebu City

| Company Name | RFQ No. DSWD7-2024-02 | | | |
|----------------------------|-----------------------|----------------|--|--|
| Company Address | Date: | March 11, 2024 | | |
| Contact Person | | | | |
| Contact No. | | | | |
| PhilGEPS Registration No.: | | | | |
| Tin Number: | | | | |

| Item No. | Quantity | Unit of Measure | Articles / Descriptions | Statement of Compliance (State "Comply" or "Not Comply" | Bidder's Specifications | Unit Cost | Total Cost |
|-------------|----------|--------------------|---|--|----------------------------|-----------|------------|
| | × | - | Supply and Delivery of Printer | | | | |
| 1 | 10 | piece | Laser Printer | 1 | | | |
| | | | SPECIFICATIONS: | | | | |
| | | | Functions: Print, Scan, Copy with ADF | | ., | | |
| | | | Print Technology: Laser | 2 | | | |
| | | | Print Speed: up to at least 20 ppm on A4 | | | | |
| | | | Monthly Duty Cycle: up to at least 10,000 pages on A4 Connectivity: Hi-Speed USB 2.0; Fast Ethernet 10/100Base-Tx network port; Wireless 802.11 b/g/n Processor Speed: at least 600MHz Memory: at least 128MB Scanner type: Flatbed, ADF Scan File Format: PDF, JPG, TIFF, PNG, BMP Scan Resolution: Optical Up to 600 × 600 dpi Scan size (ADF): Between 145 x 145 mm to 216 x 356 mm Automatic Document Feeder Capacity: 40 sheets Scan Technology: Contact Image Sensor (CIS) Paper Handling Input: 150 sheet input tray Paper Handling Output: 100 sheet output bin Media Types: Plain, Thick, Thin, Cotton, Colour, Preprinted, Recycled, Labels, CardStock, Bond, Archive, Envelope Media sizes supported: A4; A5; A5 | | | ø | |
| | | | (LEF); B5 (JIS); Oficio; Envelope (DL, C5) WARRANTY: at least 1 year | | | | |

| Item No. | Quantity | Unit of Measure | Articles / Descriptions | Statement of Compliance (State "Comply" or "Not Comply" | Bidder's Specifications | Unit Cost | Total Cost |
|-------------|----------|--------------------|--|--|----------------------------|-----------------|-------------------|
| 2 | 6 | piece | Color Inkjet Printer | | | | - |
| | | | SPECIFICATIONS: | | | | |
| | | | Functions: Print, Scan, Copy with ADF | | | | |
| | | | Print Technology: Inkjet | | 0 | # | |
| | | | Print Speed: at least 8.8 ipm black, 4.4 ppm color Print Resolution: 4800 x 1200 dpi Maximum Monthly Duty Cycle: up to at least 1,200 pages Connectivity: Wireless LAN IEEE 802.11b/g/n, USB 2.0 | | | | |
| | | | Scanner type: Flatbed, ADF | | | | |
| | | | Scan Resolution: Optical Up to 600 × 1200 dpi | | | | |
| | | | Scan size (ADF): A4, Letter, Legal | | | | |
| | | | Scan Technology: Contact Image Sensor (CIS) Copy Speed: Up to 6.4 ipm, Black / 2.7 ipm, Color | | 1 | | |
| | | | WARRANTY: at least 1 year | | | | |
| Tota | 5.6.7 | | Dbm 240 000 00 | | - | | |
| nd Us | | PSD- | e Contract: Php 240,000.00 | | cifications" column | | |
| 10 08 | 1012 | 13D | .013 | provider or m | ay copy "Articles/[| rescription sta | теч іг арріісавіе |

Note: Procurement procedure in accordance with DSWD-Memorandum Circular No. 2, Series of 2007.

BONAPARTE D. CASEÑAS II

Canvasser

Signature of Supplier / Authorized Representative Over Printed Name

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