



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. : DSWD7-2024-0926

Date : June 27, 2024

Company Name : _____
Company Address : _____
Contact Person : _____
Contact No. : _____
PhilGEPS Registration No.: _____

Sir/Madam:

Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in Annex A. Failure to indicate information could be the basis for non-compliance. Also, kindly furnish us with descriptive brochures, catalogues, literatures and/or samples, if applicable.

If you are the exclusive manufacturer, distributor or agent in the Philippines for the goods listed in **Annex A**, please attach in your quotation a duly notarized certification to this effect.

Interested service providers are required to submit true copies of their valid **Mayor's/Business Permit & Philgeps Registration Number** upon submission of quotation.

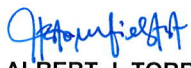
Please accomplish and submit this **form** together with **Annex A** and **Bank Information** to the BAC Secretariat, DSWD Field Office VII, Cebu City or send it through facsimile numbers (032) 233-8785; 233-0261; 231-2172 local 140 or 148 or e-mail to bac.fo7@dswd.gov.ph on or before **July 02, 2024 at 5:00PM**.

Very truly yours,


ENGR. EMMANUEL M. EDLES
AO V/Head, Procurement Management Section

Terms and Conditions:

- Award shall be made on per: item basis total quoted price lot basis
- Quotation validity shall be not less than **60 calendar days**.
- Good/s or Services shall be delivered **within 45-90 days calendar from receipt and conformity of Purchase Order.**
- Place of Delivery: **DSWD FO VII, Corner M.J. Cuenco Avenue and Gen. Maxilom Ext., Carreta, Cebu City**
- Terms of Payment: **within 30 days from the receipt of billing statement.**
- Liquidated Damages/Penalty: **One-tenth of one percent for everyday of delay shall be imposed.**
- In case of discrepancy between total price per item and unit price for the item as extended or multiplied by the quantity of that item, the latter shall prevail.
- Warranty period, if applicable: _____


CHARL ALBERT J. TORREFIEL
Canvasser

I am interested to quote and agree to the terms and conditions.

(Signature over Printed Name of Supplier / Service
Provider / Authorized Representative)




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

Company Name _____
 Company Address _____
 Contact Person _____
 Contact No. _____
 PhilGEPS Registration No.: _____
 Tin Number: _____

RFQ No. **DSWD7-2024-0926**
 Date: **June 27, 2024**

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 Ink and Toners							
1	2	set	TONER SET FOR HP COLOR LASERJET PRO MFP M181FW COLORS: BLACK, CYAN, MAGENTA, YELLOW TYPE: ALL ORIGINAL FROM HP BRAND				
2	2	cart	TONER FOR HP LASERJET ENTERPRISE M607N TYPE: ALL ORIGINAL HP BRAND				
3	2	set	INK FOR EPSON L2590, GENUINE COLORS: (BLACK, CYAN, YELLOW, MAGENTA)				
			Additional Specs:				
			A. PACKAGING: Must have a security label, holographic, and scannable online for validation.				
			B. SUPPLIER: a. Must have a support office within Metro Cebu b. Must have a certificate of authorized reseller from HP				
			C. WARRANTY: Replacement if found defective within 7 days.				
Total:							
Approved Budget for the Contract: Php 59,000.00				Note: "Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			
End User: RICTMS							
PURPOSE : For RICTMS office use.							

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


CHARL ALBERT J. TORREFIEL
 Canvasser

Signature of Supplier / Authorized Representative
Over Printed Name