



REQUEST FOR QUOTATION
SHOPPING

RFQ No. : DSWD7-2024-0537

Date : April 26, 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/s a duly notarized certification to this effect.

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

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 17126 or e-mail to **kalahiaf7.procurement23@gmail.com** on or before **May 3, 2024 at 1:00 PM**.

Very truly yours,

ENGR. EMMANUEL M. EDLES
 Head, Procurement Management Section

Terms and Conditions:

1. Award shall be made on per: item basis total quoted price lot basis
2. Quotation validity shall be not less than **60 calendar days**.
3. Good/s or Services shall be delivered within 30 days calendar from receipt and conformity of Purchase Order.
4. Place of Delivery: **DSWD Field Office VII, Cebu City**
5. Terms of Payment: **within 30 calendar days from the completion of delivery and receipt of Billing Statement / Sales Invoice.**
6. Liquidated Damages/Penalty: **One-tenth of one percent for everyday of delay shall be imposed.**
7. 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.
8. Warranty Period, if applicable: _____

CRISMARIE S. EROJO
 Canvasser

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

 (Signature over Printed Name of Supplier /
 Authorized Representative)



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

RFQ No.:

DSWD7-2024-0537

Date:

April 26, 2024

Company Name _____

Company Address _____

Contact Person _____

Contact No. _____

PhilGEPS Registration No.: _____

| Item No. | Qty. | Unit of Measure | Articles / Descriptions | Statement of Compliance (State "Comply" or "Not Comply") | Bidder's Specifications | Unit Cost | Total Cost |
|--|------|--------------------------|---|---|-------------------------|---------------|------------|
| 1 | 10 | CART | Toner for Canon Image Runner 1643i Multifunction Copier | | | | |
| 2 | 5 | CART | Ink Cartridge for HP Deskjet Ink Advantage 2135, black | | | | |
| 3 | 3 | CART | Ink Cartridge for HP Deskjet Ink Advantage 2135, tricolor | | | | |
| | | | | | | Total: | |
| Approved Budget for the Contract: Php150,600.00 | | | | Note: "Bidder's Specifications" column may be filled up with supplier's offer (brand, model, origin) or may copy "Articles/Description" stated if applicable. | | | |
| End User: Admin-PSS | | | | | | | |
| Purpose : | | For Property Section use | | | | | |

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


CRISMARIE S. EROJO
Canvasser

Signature of Supplier / Authorized Representative
Over Printed Name