

DSWD DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office VII Corner M.J. Cuenco and Gen. Maxilom Ave., Cebu City

REQUEST FOR QUOTATION SHOPPING

| | | _ | 3- | | |
|---|--|-------------------------|--------------|-------------------|--------------------------------------|
| | | | RFQ No. : | DSWD7-2024-0 | 0580 |
| | | D | ate : | May 6, 2024 | |
| Company Name : | | | | | |
| Company Address : | | | | | |
| Contact Person : | | | | | |
| Contact No. | | | | | |
| PhilGEPS Registration | No.: | | | | |
| Sir/Madam: | # # # b | 2 a a | | | |
| | | | | | |
| expenses for the good | vernment price/s including deli ls listed in Annex A. Failure to lescriptive brochures, catalogu | indicate information | could be the | e hasis for non | d other incidenta compliance. Also |
| If you are the exclusiv | re manufacturer, distributor or n/s a duly notarized certification | agent in the Philipp | ines for the | goods listed in | Annex A, please |
| Interested supplier/s a Number upon submiss | are required to submit true of sion of quotation/s. | copies of their valid | Mayor's P | ermit & Philge | eps Registration |
| ried Office VII, Cebu (| d submit this form together wit City or send it through facsimil urement23@gmail.com on o | e numbers (032) 233 | 8-8785 233 | 0261 231 2172 | ecretariat, DSWD local 17126 or e |
| | | | Very truly | yours, | |
| | | | | | |
| | | ENG | R. EMMAN | UEL M. EDLES | |
| | | | | ocurement Manag | ement Section |
| Terms and Condition | s: | | | | |
| 1. Award shall be made | e on per: item basis | v total quoted pri | | | |
| | nall be not less than 60 calend | ar days | ice 10 | ot basis | |
| 3. Good/s or Services | shall be delivered within 20 de | uays. | | | |
| 4. Place of Delivery: | shall be delivered within 30 da | ys calendar from rec | eipt and co | nformity of Purch | nase Order. |
| 4. I lace of Delivery. | DSWD Field Office VII, Ceb | | 27 | | |
| 5. Terms of Payment: | within 30 calendar days fro Statement / Sales Invoice. | om the completion o | of delivery | and receipt of E | Billing |
| 6. Liquidated Damages | s/Penalty: One-tenth of on | e percent for every | day of delay | v shall be impo | end |
| 7. In case of discrepan | icy between total price per iten | n and unit price for th | e item as ex | xtended or multir | olied |
| by the quantity of the | at item, the latter shall prevail. | | | _ | |
| 8. Warranty Period, if a | applicable: | | | Pullor | |
| | | | CRI | ISMARIE S. ERO | <u> </u> |
| I am interested to quote | e and agree to the terms and | conditions | | Canvasser | |
| | | Conditions. | | | |
| | | | | | |

DSWD EPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

| | | | | RFQ No.: | DSWD7-2024-0580 | | |
|-----------------------|--------|--------------|---------|----------|-----------------|---------|--|
| | | | | Date: | May 6, 2024 | 7. 15 1 | |
| Company Name | | - 61 - 61 | | | | K K 1 | |
| Company Address | | | 2 N - 0 | | | | |
| Contact Person | 201 40 | Y 1 | | | | | |
| Contact No. | 12 I | 2 | | | | | |
| PhilGEPS Registration | No.: | | | | | | |

| 1 | 5 | UNIT | | "Not Comply") | - ! - | | |
|-----|---|----------|--|---------------|----------|-----|------|
| | = | | MONOCHROME PRINTER | 1 12 1 | | | |
| | | | SPECIFICATIONS: | | | | |
| | | | | | | | 1 1 |
| | | | Function: Print (duplex), scan, copy | | - | | |
| | | | Output type: Monochrome | 7.0 | | | |
| | | | Compatibility: Compatible with Windows and Mac | | | | |
| | | | Connectivity: USB 2.0, ethernet | | | | |
| | | 3 | Print Speed: =>20ppm (simplex), =>15ppm (duplex) | | 7 | | |
| | | | Monthly Duty Cycle: => 10,000 impressions | | | | |
| | | | Technology: Laser | 2 2 2 | | | |
| | | | Black Resolution: => 600dpi | | | | |
| | | 1 2 | Max Media Size: Legal | | | | |
| | | 2 1 | Warranty: 1-year Hardware Warranty | α . | | | |
| | | 1 | Transfer year nardware vvarianty | (B) # 1 | | - 4 | |
| | | | For inclusion of cartridge/toner: | | 1 1 | | |
| | | | 5 cartridges/toner/genuine | | | Ī | |
| | | 1.00 | o cartriages/torier/genuine | | | | |
| 2 | | 1.15.117 | | | | | |
| 2 | 3 | UNIT | ALL IN ONE PRINTER COLOR | | | | 100 |
| | | | SPECIFICATIONS: | | | | |
| | | | | | 1,2 2 | | |
| | | | Function: print, scan, copy | | | | |
| | | | Print Speed: >up to 33.0 ppm / 15.0 | 1 | | == | |
| | | (4) | Print Resolution: >5760 x 1440 dpi | | | | |
| | | | Optical Resolution: >1200 x 2400 dpi | | | | |
| | | | Bit depth: >48 bit input, 24-bit output | | 9 9 | 100 | |
| | | | Scan size max (ADF): Legal | | | | |
| | * | | File format supported: PDF, TIFF, JPEG | | B 86 5 7 | | |
| | | | *Copying | | | 26 | 3 7 |
| | | | Copy Speed: >7 cpm (black) >5 cpm (color) | | | | , "4 |
| | | | Copy Resolution: >300 dpi | | | | |
| | | | *Document and media handling | | | - 1 | |
| | | | Document Feeder Sheet Capacity: >100 Sheets | | | | |
| 1 | | | Document Feeder Max Size capacity: Legal | | | | |
| | | | Max copy size: Legal | 9 9 | | | 100 |
| | | | Paper Tray Sheet Capacity: >100 sheets | | 1.2 | | |
| | | | Paper Tray Max Size: Legal | | Te I | - 1 | |
| | | | *PC Connectivity | | | | |
| | | - 1 | Connection: Hi-speed USB 2.0 Ethernet 10/100Base | | | | |
| - 1 | | | Warranty: 1 year Hardware warranty | | | | |
| | | - | | | 12- | | |
| | | | For inclusion of lnk: | E . | | 7.0 | |
| | | 1 20 | Black Ink Bottle - 60 bottles | | | | |
| | | 0.0 | Cyan Ink Bottle - 20 bottles | | | | |
| | | | Magenta Ink Bottle - 20 bottles | | | | |
| - | | | Yellow Ink Bottle - 20 bottles | | | - | |
| | | | | | - 1 | | |

| Item No. | Qty. | Unit of Measure | Articles / Descriptions | Statement of Compliance (State "Comply" or "Not Comply") | Bidder's Specifications | Unit Cost | Total Cost |
|----------------|--------|--------------------------|---|---|--|--|--|
| 3 | 3 | UNIT | PROJECTOR | | - | is . | |
| | | | SPECIFICATIONS: Native Resolution: >SGVA Brightness: >3300 ANSI Lumens Contrast: > 15000:1 I/O Connectors USB Interface USB Type A: 1 (for USB memory, USB Document Camera for Wireless LAN unit) USB Type B: 1 (for USB Display, Mouse, K/B, Control firmware update) Analog input: D-sub 15 pin: 1 (Blue Moding) Composite: RCA x 1 (yellow) Digital input: HDMI: 1 (MHL not supported) Audio Input: 2 RCA (White/Red): 1 Vertical/Horizontal Keystone: +-30 x +-30 Auto Keystone: Vertical Only Horizontal Slide Keystone Correction Quick Corner Accesories: VGA Cable (must be same type with the integration cable) | | | | |
| | | | | | | Total: | V 9 |
| Appro End L | | lget for the Tara Bas | e Contract: Php306,000.00 | Note: "Bidder's Sp model, orig | ecifications" column jin; or may copy "Arti | may be filled up wit cles/Description" st | h supplier's offer (brand ated if applicable. |
| Pur | pose : | ICT Equi | pment for TARA, BASA Staff and STU Staff use. | | 3 1 1 1 | | |

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