



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. : **DSWD7-2025-0690**

Date : **May 15, 2025**

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) 887-9720; 233-0261; 231-2172 local 17140 or 17110 or e-mail to bac.fo7@dswd.gov.ph on or before **May 19, 2025 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 30 days calendar from receipt and conformity of Purchase Order.**
- Place of Delivery: **please refer to Annex A.**
- 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)



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Field Office VII, Cebu City

Company Name _____
Company Address _____
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Tin Number: _____


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Date: May 15, 2025

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 Scanner for DSWD FO NIR Employees				
1	2	unit	Scanner SPECIFICATIONS 1. Scanner type: - Sheet-fed, one-pass duplex color scanner 2. Photoelectric Device: - Color Contact Image Sensor (CIS) 3. Optical Resolution: - at least 600 dpi 4. Color Bit Depth: - at least 30-bit input 5. Scanning Speed: - at least 35 ppm/70 ipm: 300 dpi Black & White, Color, Gray1 6. Capacity: - at least 50 sheets 7. Document Sizes: - Paper size Minimum: 2" x 2" - Paper size Maximum: 8.5" x 240 8. Consumables: - Roller assembly kit: At least 200,000 cycles 9. Standard Connectivity: - SuperSpeed USB 3.0 10. Minimum System Requirements:				

Item No.	Quantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
			- Windows® 7, 8/8.1, 10 - Mac OS® X 10.6.8 – 10.11.x - Software requires Internet connection for download and installation. 11. Warranty: 1 Year 12. Delivery: DSWD Field Office NIR, Dumaguete City, Negros Oriental or DSWD FO VII				
Total:							
Approved Budget for the Contract: Php 73,891.84				Note: "Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			
End User: PPD/RICTMS							
PURPOSE : For scanning of DSWD NIR Documents							

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

(page 2 of 2)