

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. | : | DSWD7-2020 | 0- 1144 |
|---|--------------------|------------------|--------------------|-------------------|------|-------------------------|---------------|
| | | | | Date | : | November 4, | 2020 |
| Company Name | : | | | | | | |
| Company Address | : | | | | | | |
| Contact Person | | | | | | | |
| Contact No. | : | | | | | | |
| PhilGEPS Registration | on No.: | | | | | | |
| Sir/Madam: | | | | | | | |
| Please quote your gincidental expenses compliance. Also, kapplicable. | for the goods list | ted in Annex A | . Failure to indic | ate information | on c | could be the b | asis for non- |
| If you are the exclus please attach in your | | | • | | the | goods listed | in Annex A, |
| Interested supplier/s Number upon subm | | • | ies of their valid | Mayor's Per | mit | & Philgeps R | egistration |
| Please accomplish a DSWD Field Office V local 140 or 148 or e | VII, Cebu City or | r send it throug | gh facsimile num | nbers (032) 2 | 33-8 | 3785; 232-026 | |
| | | | Verv | truly yours, | | | |
| | | | | ARIO P. BAC | ON | G) | |
| | | | AO V | //Head, Procu | ırem | nent Managem | nent Section |
| Terms and Condition | ons: | | | | | | |
| 1. Award shall be ma | ade on per: | item basis | | ed price | lo | t basis | |
| 2. Quotation validity | | | | | | | |
| 3. Good/s or Service | | | alendar days up | oon receipt of | app | proved Purcha | se Order. |
| 4. Place of Delivery: | | | | | | | |
| 5. Terms of Paymen | | | | | | | |
| 6. Liquidated Damag | | | | | | | |
| 7. In case of discrep | | | | for the item a | as e | xtended or mi | utipiied |
| by the quantity of 8. Warranty Period, | | | | - _{<} | DAV | Francia VID V. RESMA | |
| | | | | • | | Canvasser | |
| I am interested to qu | iote and agree to | the terms and | d conditions. | | | | |
| (Signature | over Printed Nam | e of Supplier / | | | | | |
| Au | thorized Represen | ntative) | | | | | |

POSWD DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

| Company Name Company Address Contact Person Contact No. PhilGEPS Registration No.: | n No.: | | RFQ N Date: | RFQ No.:-DSWD7-20201144 Date: November 4, 2020 | 20- 1144 4, 2020 |
|--|--|--|---|---|---------------------|
| Item No. Qty. L | Unit Articles / Descriptions | Statement of Compliance (State "Comply" or "Not Comply") | Bidder's Specifications | Unit Cost | Total Cost |
| 1 12 | TONER CARTRIDGE FOR LASER PRINTER | | | | |
| | TONER TYPE: Laser Print Technology Single Component (toner/drum) ISO Certified PRINT OUTPUT: Black PAGE YIELD: 10,000 pages (A4) TONER WARRANTY: Free from material and craft defects | | | | |
| | Inclusion: - Free use of printer for every two (2) toner cartridge for one (1) year - Printer should be the same brand as the toner - Printer can print and copy up to 36 pages (A4) per minute - Printer can scan up to 20 pages (A4) per minute - Printer must have a monthly duty cycle of up to 80,000 pages (A4) - Printer must have 256MB memory - Free maintenance | | | | |
| | | | | La fill and up a | ith ourselier's |
| Charge to: ICTS | Charge to: ICTS | offer (brand, mode | offer (brand, model, origin) or may copy "Articles/Description" stated if | tricles/Descrip | tion" stated if |
| End User: ICTS | | | applicable. | | |
| ourpose : For | For toner supplies of ICT section in relation to UCT Program Implementation. | | | | |

Signature of Supplier / Authorized Representative
Over Printed Name

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

DAVID V. RESMA Canvasser