

REQUEST FOR QUOTATION
SHOPPING

RFQ No. : DSWD7-2021-1261
Date : October 27, 2021

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 140 or 148 or e-mail to bac.fo7@dswd.gov.ph on or before **November 2, 2021 at 5:00pm.**

Very truly yours,


ROSARIO P. BACONG
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: **DSWD FO VII, Corner M.J. Cuenco Avenue and Gen. Maxilom Ext., Carreta, Cebu City**
- Terms of Payment: **within 30 calendar days from the receipt of Billing Statement / Sales Invoice.**
- 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: _____


BRYAN C. LAGARE
Carvasser

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.: DSWD7-2021-1261Date: October 26, 2021

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	20	Cart	Toner for HP Laser Jet Printer M605, OEM or Compatible				
2	30	Cart	Toner for Brother DCP-L2540DW, OEM or compatible				
3	15	bottle	Black Ink for Epson L3110, OEM (at least 70ml) or compatible (at least 100 ml)				
4	20	Cart	Toner for Canon M125, OEM or compatible				
5	5	Cart	Ink for Brother, DCP T 720 DW (Black), OEM or compatible				
6	5	Cart	Ink for Brother, DCP T 720 DW (Cyan), OEM or compatible				
7	5	Cart	Ink for Brother, DCP T 720 DW (Yellow), OEM or compatible				
8	5	Cart	Ink for Brother, DCP T 720 DW (Magenta), OEM or compatible				
9	5	Cart	Ink for HP 310 Tank Series, OEM or compatible, (Black)				
10	15	Cart	Toner for HP Laser Jet MFP M129-M132, OEM or compatible				
11	15	Cart	Toner for HP Laser Jet Pro M501, OEM or compatible				
12	13	Cart	Toner for HP Laser Jet M806 DN, OEM or compatible				
			Total:				

Approved Budget for the Contract: **Php 706,540.00**End User: **UCT**Purpose : **For UCT/PPD office use**

Note: "Bidder's Specifications" column may be filled up with supplier's offer (brand, model, origin) or may copy "Articles/Description" stated if applicable.

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



BRYAN C. LAGARE
 Convasser

 Signature of Supplier / Authorized Representative
 Over Printed Name