



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. : **DSWD7-2023-1207A**

Date : **December 5, 2023**

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) 233-8785; 233-0261; 231-2172 local 140 or 148 or e-mail to bac.fo7@dswd.gov.ph on or before **December 11, 2023 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: **DSWD Field Office VII, Carreta, Cebu City**
- 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: _____

Bonaparte D. Casenas II
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

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Company Address _____
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Tin Number: _____

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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 Toners				
1	3	set	Toner set for HP Color Laserjet Pro MFP M181FW, OEM Colors: Black, Cyan, Magenta, Yellow Type: All Original from HP Brand Packaging: Must have a security label, holographic and scannable online for validation Supplier: a. Must have a support office within Metro Cebu b. Must have a certificate of authorized reseller from HP Warranty: Replacement if found defective				
2	4	piece	Toner for HP Laserjet Enterprises M607N, OEM Type: All Original from HP Brand Packaging: Must have a security label, holographic and scannable online for validation Supplier: a. Must have a support office within Metro Cebu b. Must have a certificate of authorized reseller from HP Warranty: Replacement if found defective				
Total:							
Approved Budget for the Contract: Php 100,000.00				Note: "Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			
End User: ICTS							
PURPOSE : To be use by the ICT section for their printing needs							

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

Bonaparte D. Caseñas II
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Canvasser

Signature of Supplier / Authorized Representative
Over Printed Name