



**REQUEST FOR QUOTATION**  
**SHOPPING**

RFQ No. : DSWD7-2021- 0333  
 Date : March 12, 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.

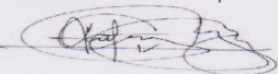
Please accomplish and submit this **form** together with **Annex A** and **Bank Information** to the BAC Secretariat, DSWD Field Office VII, Cebu City or send it through facsimile numbers (032) 233-8785; 232-0261; 231-2172 local 140 or 148 or e-mail to bac.fo7@dswd.gov.ph on or before **March 16, 2021 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, 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: \_\_\_\_\_

  
**LEIF WAYNE P. YOUNG**  
 Canvasser

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

Company Name \_\_\_\_\_  
 Company Address \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Contact No. \_\_\_\_\_  
 PhilGEPS Registration No.: \_\_\_\_\_

RFQ No.: DSWD7-2021- 0333  
 Date: March 12, 2021

Item No.	Qty.	Unit	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
1	35	pcs	<b>MLT-D203L/ELS</b> Black Toner Cartridges Toner Approx. 5,000 pages @ 5% average coverage Free Use Printer 2 units				
			<b>Total:</b>				
Approved Budget for the Contract: <b>Php 81,445.00</b>				Note: "Bidder's Specifications" column may be filled up with supplier's offer (brand, model, origin) or may copy "Articles/Description" stated if applicable.			
End User: <b>PPD/UCT</b>							
Purpose : Office Supplies of UCT RPMO and PPD							

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

\_\_\_\_\_  
 Signature of Supplier / Authorized Representative  
 Over Printed Name

  
**LEIF WAYNE P. YOUNG**  
 Canvasser