

## P DSWD DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

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## **REQUEST FOR QUOTATION** SHOPPING

	RFQ No. : DSWD7-2021- 1039	
Company Name	Date : August 31, 2021	
Company Name : Company Address :		
Contact Person :		
Contact No.		
•		
PhilGEPS Registration No.:		
Sir/Madam:		
Please quote your government price/s including delivery charges expenses for the goods listed in Annex A. Failure to indicate information for the second state of the	s and/or complex if a six for non-compliance	. Also,
If you are the exclusive manufacturer, distributor or agent in the attach in your quotation/s a duly notarized certification to this effective.	- Y 100	please
Interested supplier/s are required to submit true copies of the <b>Number</b> upon submission of quotation/s.		
Please accomplish and authority to a	Timgeps Registi	ration
Please accomplish and submit this <b>form</b> together with <b>Annex</b> DSWD Field Office VII, Cebu City or send it through facsimile num or 148 or e-mail to bac.fo7@dswd.gov.ph on or before <b>September</b>	<b>A</b> and <b>Bank Information</b> to the BAC Secre bers (032) 233-8785; <b>233-0261</b> ; 231-2172 locator, <b>2021 at 5:00pm.</b>	tariat, al 140
	Very truly yours,	
	lmn-e	
	ROSARIO P BACONG	
Torres on LO	AO V/Head, Procurement Management Sec	ction
Terms and Conditions:	and genient det	20011
<ol> <li>Award shall be made on per:</li></ol>		
<ol><li>Good/s or Services shall be delivered within 30 days calendar from</li></ol>	m receipt and	
4. Place of Delivery: DSWD Field Office VII, Carreta, Cebu City	Treceipt and conformity of Purchase Order.	
o. Terms of Payment: within 30 calendar days from the receipt	of Billing Statement ( )	
6. Liquidated Damages/Penalty: One-tenth of one percent for e	everyday of delay shall be imposed.	
7. In case of discrepancy between total price per item and unit price by the quantity of that item, the latter shall prevail.	for the item as extended or multiplied	
8. Warranty Period, if applicable:	- Transpied	
	LEIR WAYNE YOUNG	
I am interested to quote and agree to the terms and conditions.	Cahvasser	
(Signature over Printed Name of Supplier /		
Authorized Representative)		



## DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office VII, Cebu City

Compa	Company Name		RFQ No.:	DSWD7-2021- 1039			
Company Address			Date: August		31, 2021		
Contac Contac	ct Person				_		
		ration No.:			-		
	- Criogist	Tation No.:			- 1		
Item		Unit of		Statement of	_		_
No.	Qty.	Measure	Articles / Descriptions	Compliance (State "Comply"	Bidder's	linit Coot	
1	6		Locari	or "Not Comply")	Specifications	Unit Cost	Total C
"	6	unit	(monocinolile)	у у			
			Specification:	-			
			Functions: Print, Copy, Scan (ADF)				
			Output Type: Black and White, Monochrome				
	-	- 1	Compatibility: Compatible with Windows and PC Linux				
		F	Connectivity Technology: USB 2.0, Wireless	,			
			Memory: ≥ 32MB	1 1			
		F	Processor Spec: ≥ 600MHz	1 1			
		E	Black Print Speed: ≥ 20 ppm				
		IN	<b>flonthly Duty Cycle:</b> ≥ 10,000 impressions				
		Т	echnology: Laser				
		В	lack Resolution: ≥ 1,200 x 1,200 dpi				
		M	ax Media Size: oficio				
		W	arranty: 1-year Hardware Warranty				
roved	Budget	for the Co	ntract: Php 88,800.00	Noto: "Bidded of			
Use	e: Crisis	Interven	tion Section (CIS)	Note: "Bidder's Sp with supplier's off "Articles/De			
ose :	: Fo	or Printing	g of AICS CrIMS forms in accordance with DSWD-Memorandum Circular No. 2,		escription" star	ted if applica	ble.

Canvasser