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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. : DSWD7-2020-1494
Date : December 16, 2020

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 **December 21, 2020 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 calendar days** upon receipt and conformity of PO .
- 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)



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Item No.	Qty.	Unit	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
1	15	unit	Toner: TONER CARTRIDGE FOR HP LASER JET Specifications: Toner Cartridge for HP Laser Jet Pro MFP M225DN -HP 83A Toner Cartridge (Compatible/Equivalent)				
2	11	set	INK Refill, EPSON L360, T664, CMYK				
Approved Budget for the Contract: Php 55,005.00							
Charge to: DRMD Funds							
End User: PSD							
Purpose : For Women Sector: use of Ink for printing of training materials/references for training activities							
Note: Procurement procedure in accordance with DSWD-Memorandum Circular No. 2, Series of 2007.				Note: "Bidder's Specifications" column may be filled up with supplier's offer (brand, model, origin) or may copy "Articles/Description" stated if applicable.			

Signature of Supplier / Authorized Representative
 Over Printed Name


LEIF WAYNE P. YOUNG
 Canvasser