



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

RFQ No. : DSWD7-2024-0496  
 Date : April 16, 2024

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 17126 or e-mail to [kalahiaf7.procurement23@gmail.com](mailto:kalahiaf7.procurement23@gmail.com) on or before **April 22, 2024 at 4:00 pm**.

Very truly yours,

  
**ENGR. EMMANUEL M. EDLES**  
 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, Cebu City**
- Terms of Payment: **within 30 calendar days from the completion of delivery and 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: \_\_\_\_\_

  
**EDLYN S. GANGQUE**  
 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**

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**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	50	cartridge	Ribbon Cartridge, Fullmark, black, for 24-pin Dot Matrix Printer, Epson LQ-310				
2	40	box	Continuous Paper, tri-color, carbonless (3ply), 11" x 9 1/2", 500 sheets per box				
						<b>Total:</b>	

**Approved Budget for the Contract: Php77,500.00**

*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:** Kalahi-CIDSS

**Purpose :** For LDDAP and VAT Certificates to be used by Kalahi CIDSS NCDDP accounting staff.

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

  
**EDLYN S. CANGQUE**  
 Canvasser

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