



**REQUEST FOR QUOTATION  
 NP- SMALL VALUE PROCUREMENT**

RFQ No. : DSWD7-2024-0152A  
 Date : May 31, 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 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. An **omnibus Sworn Statement** is required prior to award.

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 **June 4, 2024 at 5:00PM.**

Very truly yours,

  
**ENGR. EMMANUEL M. EDLES**  
 AO V/Head, Procurement Management Section

**Terms and Conditions:**

1. Award shall be made on per:  item basis  total quoted price  lot basis
2. Quotation validity shall be not less than **60 calendar days.**
3. Good/s or Services shall be delivered **within 30 days calendar from receipt and conformity of Purchase Order.**
4. Place of Delivery: **DSWD FO VII, Corner M.J. Cuenco Avenue and Gen. Maxilom Ext., Carreta, Cebu City**
5. Terms of Payment: **within 30 days from the receipt of billing statement.**
6. Liquidated Damages/Penalty: **One-tenth of one percent for everyday of delay shall be imposed.**
7. 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.
8. 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)



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

Company Name \_\_\_\_\_  
 Company Address \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Contact No. \_\_\_\_\_  
 PhilGEPS Registration No.: \_\_\_\_\_  
 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
<b>Supply and Delivery of Toner with Free use to Own Printer</b>							
1	200	cart	<b>Toner for Laser Printer</b> <ul style="list-style-type: none"> <li>• Toner Type: Brand new Compatible or OEM Toner</li> <li>• ISO Certified (ISO 9001, ISO 14001)</li> <li>• IPO Registered</li> <li>• Toner Printer Output: Laser black, monochrome</li> <li>• Toner Page Yield: at most 2,500 pages</li> <li>• Toner Warranty:</li> <li>• Should be free from materials defects</li> <li>• Must be replaced if found defective</li> <li>• Supplier must have a support office within Metro Cebu</li> </ul> <b>Printer Inclusion:</b> <ul style="list-style-type: none"> <li>• Free use to own printer for every 50 toners</li> <li>• Print, Copy and Scan with ADF</li> <li>• At least 1 year free parts replacement and labor</li> <li>• Brand New Printer</li> </ul>				
<b>Approved Budget for the Contract: Php 300,000.00</b>				Note: "Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			
End User: <b>SLP</b>							
<b>PURPOSE : For SLP Use</b>							

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

  
**BONAPARTE D. CASEÑAS II**  
 Cavasser

Signature of Supplier / Authorized Representative Over  
 Printed Name