



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT  
Field Office VII  
Corner M.J. Cuenco and Gen. Maxilom Ave., Cebu City

### REQUEST FOR QUOTATION SMALL VALUE PROCUREMENT

RFQ No. : **DSWD7-2025-1071**

Date : **July 11, 2025**

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** in accordance with Implementing Rules and Regulations of Republic Act 12009. Failure to indicate required information/s 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 or service provider/s is/are required to submit true copies of **valid Business/Mayor's Permit, Philgeps Registration Number** and **Latest Income Tax Return** upon submission of the 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) 887-9720; 232-0261; 231-2172 local 17140 or 17110 or e-mail to [bac.fo7@dswd.gov.ph](mailto:bac.fo7@dswd.gov.ph) on or before **July 15, 2025 at 5:00PM.**

Very truly yours,

  
**ENGR. EMMANUEL M. EDLES**  
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 after the receipt and conformity of Purchase Order.**
- Place of Delivery: **DSWD FO VII, Corner M.J. Cuenco Avenue and Gen. Maxilom Ext., Carreta, Cebu City**
- Terms of Payment: **within 30 days from the receipt of billing statement.**
- Liquidated Damages/Penalty: **One-tenth of one percent for everyday of delay**
- 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: \_\_\_\_\_

  
**CHARL ALBERT J. TORREFIEL**  
Canvasser

I am interested to quote and agree to the terms and conditions.

\_\_\_\_\_  
(Signature over Printed Name of Supplier / Service  
Provider / Authorized Representative)




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

RFQ No.: DSWD7-2025-1071

Date: July 11, 2025

Item No.	Quantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
1	235	cart	<b>Supply and Delivery of Toner for Laser Printer</b>  Toner Type: ✓  Brand new Compatible or OEM Toner ✓  ISO Certified (ISO 9001, ISO 14001) ✓  IPO Registered ✓  Toner Print Output: Laser black, monochrome ✓  Toner Page Yield: at most 2,500 pages ✓  Toner Warranty: ✓  Should be free from materials defects ✓  Must be replaced if found defective ✓  Supplier must have a support office within Metro Cebu and Bohol ✓  Printer Inclusion: ✓  Free use to own printer for every 50 toners ✓  Print, Copy and Scan with ADF ✓  At least 1 year free parts replacement and labor ✓  Brand New Printer ✓				
<b>Total:</b>							
Approved Budget for the Contract: <b>Php 599,250.00</b> ✓				"Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated or may state brand, model and country of origin of item offered, if applicable.			
End User: <b>PSD-SLP</b> ✓							
PURPOSE : For SLP use							

Signature of Supplier / Authorized Representative Over Printed Name

  
**CHARL ALBERT J. TORREFIEL**  
 Canvasser