## DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

IBP Road, Constitution Hills, Quezon City

## REQUEST FOR QUOTATION

|                               |  | RFQ No.                         | 18-0619 Shopping (B)   |  |
|-------------------------------|--|---------------------------------|--|--|
|                               |  | Date:                           | May 29, 2018   |  |
| Company Name :                |  |                                 |  |  |
| Company Address :             |  |                                 |  |  |
| Contact Person :              |  |                                 |  |  |
| Contact No. :                 |  |                                 |  |  |
| Philgeps Reg. No.:            |  |                                 |  |  |
| Company TIN:                  |  |                                 |  |  |
| Sir/Madam:                    |  |                                 |  |  |
| expenses for the good         | ,  | ndicate information cou         | er applicable taxes, and other incidental<br>uld be basis for non - compliance. Also,<br>applicable. |  |
| •                             | ive manufacturer, distributor or coion a duly notarized certification to   | -                               | for the goods listed in <b>Annex A</b> please  |  |
| As a condition for aw notice. | vard, you will be required to subm   | nit your <b>Mayor's/Busines</b> | s' Permit, within 24 hours from receipt of   |  |
| Please accomplish             | and submit this form together w  | ith Annex A and all th          | ne required documents to DSWD -BAC   |  |
| •                             | · ·  |                                 | ezon City or fax it through number <b>951</b> .  |  |
|                               |  |                                 | June 8 2018. Quotations submitted to   |  |
|                               | r(s) or email address(es) as stat  |                                 |  |  |
|                               |  |                                 |  |  |
|                               | DOCTET   |                                 | Very truly yours,  |  |
|                               |  |                                 |  |  |
|                               |  | ]                               | (ORIGINAL SIGNED)  |  |
|                               |  | 1                               | RINA ANTONETTE A. AGUDO nent Planning & Management Division  |  |
|                               |  |                                 | ieni Flanning & Managemeni Division  |  |
| T                             |  |                                 |  |  |
| Terms and Conditions          |  | •                               | _  |  |
| 1. Award shall be             | · • • • • • • • • • • • • • • • • • • •  | Total Quoted Price              | x Lot Basis  |  |
|                               | ity shall not be less than Sixty (60   | •                               | Burrah ara Ordan   |  |
|                               | e delivered within Seven (7) working:  DSWD-PS Warehouse, DSWD Co  |                                 |  |  |
|                               | ent: within 15-30 days upon final in   |                                 | •  |  |
|                               | gh LDDAP-ADA (List of Due and Der  |                                 |  |  |
| Account Name                  | :  | Account Nu                      | ımber :  |  |
| BankName:                     |  | Branch :                        |  |  |
| *Note: Non Land               | Bank of the Philippines accounts   | shall be charged a serv         | ice fee.   |  |
| 6. Liquidated Dam             | nages/Penalty: In case of failure to   | make full delivery withi        | n the time specified above, the  |  |
|                               | •  | •                               | one percent (0.001) of the cost of the   |  |
|                               |  |                                 | of liquidated damages reaches ten<br>ind or terminate the contract, without                          |  |
|                               | er courses of action and remedies  |                                 | <u>cumstances.</u>   |  |
|                               | se indicate brand, model and cou   |                                 |  |  |
|                               | epancy between unit cost and tot   | al cost, unit cost shall pr     | evail.   |  |
| 9. Please indicate            | ·  |                                 |  |  |
|                               | the contract shall be awarded to the supplier or service provider who first submitted its quotation.   |                                 |  |  |
|                               | <b>NOTE:</b> "Prospective supplier must be registered at the Philippine Government Electronic Procurement System (PhilGEPS). You may visit the PhilGEPS website at www.philgeps.gov.ph and register for free." |                                 |  |  |
| IOI                           | RIGINAL SIGNED)  |                                 |  |  |
| •                             | AIL GEY B. GUBATON   | (Signat                         | ure over Printed Name)   |  |
| -                             | curement Officer   | (3.3                            | Supplier   |  |

Tel. Nos. 931-6139/ 931-8101 to 07 local 122/124

Annex A

## **DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT**

|                 | RFQ No.     | <b>18-0619</b><br>May 29, 2018 | Shopping (B) |
|-----------------|-------------|--------------------------------|--------------|
|                 | Date:       |                                |              |
| Company Name:   | <del></del> |                                |              |
| Company Address |             |                                |              |
| Contact Person: |             |                                |              |
| Contact No :    |             |                                |              |

|     | eps Reg |      |   |  |           |            |
|-----|---------|------|---|--|-----------|------------|
| Lot | Qty.    | Unit | Purchaser's Specifications                                    | Bidder's Specifications  (Please indicate the detailed specifications of the product/services being offered in the space provided below) | Unit Cost | Total Cost |
| 1   | 10      | cart | Toner Cartridge, Brother TN-340Bk, Black                      |  |           |            |
|     | 10      | cart | Toner Cartridge, Brother TN-340C, Cyan                        |  |           |            |
|     | 10      | cart | Toner Cartridge, Brother TN-340M, Magenta                     |  |           |            |
|     | 10      | cart | Toner Cartridge, Brother TN-340Y, Yellow                      |  |           |            |
|     | 5       | drum | Drum, Brother, DR-340CL                                       |  |           |            |
|     |         |      | Approved Budget for the Contract: PhP 158,000.00              |  |           |            |
| 2   | 10      | cart | Toner Cartridge, Canon, 319                                   |  |           |            |
|     |         |      | Approved Budget for the Contract: PhP 50,000.00               |  |           |            |
| 3   | 6       | cart | Ink Cartridge, Design Jet HP, 727, 300-ml C1Q12A, Matte Black |  |           |            |
|     | 6       | cart | Ink Cartridge, Design Jet HP, 727, 130-ml B3P23A, Photo Black |  |           |            |
|     | 6       | cart | Ink Cartridge, Design Jet HP, 727, 130-ml B3P19A, Cyan        |  |           |            |
|     | 6       | cart | Ink Cartridge, Design Jet HP, 727, 130-ml B3P24A, Gray        |  |           |            |
|     | 6       | cart | Ink Cartridge, Design Jet HP, 727, 130-ml B3P20A, Magenta     |  |           |            |
|     | 6       | cart | Ink Cartridge, Design Jet HP, 727, 130-ml B3P21A, Yellow      |  |           |            |
|     |         |      | Approved Budget for the Contract: PhP 180,000.00              |  |           |            |

**PURPOSE:** 2nd Quarter Supplies for the DRMB

PR No. 2018051382

IMPORTANT: The winning bidder MUST pick-up duplicate copy and SIGN the original copy of Purchase Order (P.O.) at DSWD-Central Office, Procurement and Supply Division within three (3) days from the date advance copy was served to thru fax. FAILURE to show up and sign the original P.O. means that the bidder is not interested and will be a ground for suspension/blacklisting in DSWD's future biddings.

| (ORIGINAL SIGNED)      |                               |
|------------------------|-------------------------------|
| ABEGAIL GEY B. GUBATON | (Signature over printed name) |
| Procurement Officer    | Supplier                      |

Tel no. 951-7116 / Fax No. 931-6139