

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
IBP Road, Constitution Hills, Quezon City

REQUEST FOR QUOTATION

RFQ No. **20-0485 Shopping B**

Date: May 29, 2020

Lucy

Company Name : _____
Company Address : _____
Contact Person : _____
Contact No. : _____
PhilGEPS Reg. No.: _____
Company TIN: _____

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 basis for non-compliance. Also, 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.

As a condition for award, you will be required to submit your **Mayor's/Business Permit**, within 24 hours from receipt of notice. The **Certificate of Platinum Membership** may be submitted in lieu of the Mayor's/Business Permit and PhilGEPS Registration Number.

Please accomplish and submit this form together with Annex A and all the required documents to DSWD -BAC Secretariat at Ground floor, DSWD-CO Building, IBP Road, Constitution Hills, Quezon City or fax it through numbers 951-7116 or email to quotations@dswd.gov.ph not later than **01:00 p.m. of JUNE 9, 2020**. Quotations submitted to different fax number(s) or email address(es) as stated above shall not be considered for evaluation.

Very truly yours,


WILLIAM V. GARCIA JR.
Supervising Administrative Officer, PPMD-PMS

Terms and Conditions:

- Award shall be made on per: Item Basis Total Quoted Price Lot Basis
- Quotation validity shall be **60 calendar days** from the deadline of submission of quotations
- Good/s shall be delivered within **20-30 Working days upon receipt of Purchase Order (P.O)**
- Place of Delivery: DSWD-Central Office, Procurement Service - Warehouse, IBP Road, Constitution Hills Q.C.
- Terms of Payment: within 15-30 days upon completion of all supporting documents.
Payment through LDDAP-ADA (List of Due and Demandable Accounts Payable-Advise to Debit Account).
Account Name : _____ Account Number : _____
BankName : _____ Branch : _____
***Note: Non Land Bank of the Philippines accounts shall be charged a service fee.**
- Liquidated Damages/Penalty: **In case of failure to make full delivery within the time specified above, the amount of the liquidated damages shall be at least equal to one-tenth of one percent (0.001) of the cost of the unperformed portion for every day of delay. Once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, the Procuring Entity may rescind or terminate the contract, without prejudice to other courses of action and remedies available under the circumstances.**
- For goods, please indicate brand, mode
- In case of discrepancy between unit cost and total cost, unit cost shall prevail.
- Please indicate Warranty: _____
- In case of a tie, the contract shall be awarded to the supplier or service provider who first submitted its quotation.
- NOTE:** "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."
- To facilitate the immediate implementation of the procurement of this project, the DSWD shall proceed with the procurement activities short of award, pursuant to Section 7.6 of the 2016 Revised IRR of R.A. 9184.


RODEL D. TORRATO

Procurement Officer

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

(Signature over Printed Name)
Supplier

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Batasan Pambansa Complex, Constitution Hills, Quezon City

RFQ No. **20-0485 Shopping B**

Date: **May 29, 2020**

Company Name :
 Company Address :
 Contact Person :
 Contact No. :
 Philgeps No.
 Company TIN:

Lot No.	Qty.	Unit	Purchaser's Specifications	Unit Cost	Bidder's Specifications <small>(Please write the detailed specifications in the space provided)</small>	Unit Cost	Total Cost
1			Supply and delivery of STB First Quarter Supplies 2020				
	20	Cartridge	INK/TONER HP OFFICEJET PRO 6960 (905XL MAGENTA)	1800.00			
	20	Cartridge	INK/TONER HP OFFICEJET PRO 6960 (905XL CYAN)	1800.00			
	20	Cartridge	INK/TONER HP OFFICEJET PRO 6960 (905XL YELLOW)	1800.00			
	20	Cartridge	INK/TONER HP OFFICEJET PRO 6960(905XL/ 909XL BLACK)	1800.00			
	20	Cartridge	INK/TONER BROTHER HL-5100DN (TN3448)	7300.00			
	25	Cartridge	INK/TONER EPSON M100DN (BLACK T7741)	1500.00			
	20	Cartridge	INK/TONER HP DESKJET INK ADVANTAGE 2123 ALL IN ONE PRINTER (BLACK)	1000.00			
	20	Cartridge	INK/TONER HP DESKJET INK ADVANTAGE 2123 ALL IN ONE (TRI-COLOR)	1000.00			
			Approved Budget for the Contract (ABC): PhP 367,500.00				
			xxxxx-Nothing Follows-xxxxx				

PURPOSE: Procurement of STB First Quarter Supplies 2020

PR No. 01-20001-PR-2020-04-00043

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

RODEL D. TORRATO

Procurement Officer

Tel. Nos. 831-6133/931-8101 to 07 local 122/124

(Signature over printed name)
Supplier