

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

REQUEST FOR QUOTATION

RFQ No. **20-0500 Shopping (B)** *Suzuki*

Date: June 1, 2020

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

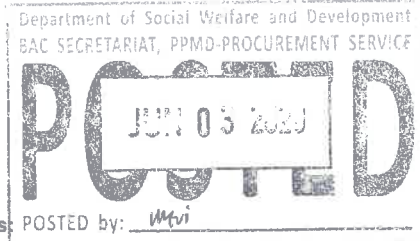
Sir/Madam:

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 and Income/ Business Tax Return**, 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. If awarded, you will be required to submit a **duly notarized Omnibus Sworn Statement**, in accordance with the attached format (**Annex B**), together with the signed copy of the **Purchase Order (PO)** within three (3) days from the date the PO was served thru fax/email.

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 **1:00 p.m of June 8, 2020 (Monday)**. 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 of PPMD-PMS

WV Garcia Jr.

Terms and Conditions:

1. Award shall be made on per: Item Basis Total Quoted Price Lot Basis
2. Quotation validity shall be **sixty (60) calendar days** from the deadline of submission of quotations
3. Good/s shall be delivered within **Fifteen (15) working days upon receipt of Purchase Order (P.O)**
4. Place of Delivery: DSWD-Central Office, Procurement Service - Warehouse, IBP Road, Constitution Hills Q.C.
5. 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.
6. 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.**
7. For goods, please indicate brand, model and country of origin.
8. In case of discrepancy between unit cost and total cost, unit cost shall prevail.
9. Please indicate Warranty: _____
10. In case of a tie, the contract shall be awarded to the supplier or service provider who first submitted its quotation.
11. **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."

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

ANNEX A


RFQ No. **20-0500 Shopping (B)**
 Date: June 1, 2020

Company Name : _____
 Company Address : _____
 Contact Person : _____
 Contact No. : _____
 #REFI : _____
 Company TIN: _____

Lot No.	Qty.	Unit	Purchaser's Specifications	Bidder's Specifications <small>(Please write the detailed specifications in the space provided)</small>	Unit Cost	Total Cost
	16	piece	Ink Cart, Canon - 319, Black			
	12	piece	Ink Cart, Canon - 318, Black			
	6	piece	Ink Cart, Canon - 318, Cyan			
	6	piece	Ink Cart, Canon - 318, Magenta			
	6	piece	Ink Cart, Canon - 318, Yellow			
1	4	piece	Toner Cart, Brother TN-340BK, Black			
	4	piece	Toner Cart, Brother TN-340C, Cyan			
	5	piece	Toner Cart, Brother TN-340M, Magenta			
	5	piece	Toner Cart, Brother TN-340Y, Yellow			
	12	piece	Toner Cart, Canon, 332, Black			
	8	piece	Toner Cart, Canon, 332, Cyan			
	8	piece	Toner Cart, Canon, 332, Magenta			
	8	piece	Toner Cart, Canon, 332, Yellow			
			Approved Budget for the Contract (ABC): Php 795,712.00			
			xxxxxx-Nothing Follows-xxxxx			
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PURPOSE: Procurement of Printer or Facsimile or Photocopier Supplies of DRMB
 PR No. 01-20001-PR-2020-06-00146

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
 Nos. 931-6138/ 831-8101 to 07 local 122

 (Signature over printed name)
Supplier