DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

IBP Road, Constitution Hills, Quezon City

REQUEST FOR QUOTATION

		RFQ No.	19-15/9 Snopping (B)
		Date:	September 24, 2019
Company Name :			
Company Address :			
Contact Person:			
Contact No. :			
Philgeps Reg. No.:			
Company TIN:			
Company Tiv.			
Sir/Madam:			
the goods listed in Ann		ould be basis for non - co	ole taxes, and other incidental expenses for ompliance. Also, furnish us with descriptive
	e manufacturer, distributor or agent in the	e Philippines for the god	ods listed in Annex A please attach in your
The updated Certifica Registration Number.".	ation Platinum Membership may be If awarded, you will be required to sul at(Annex B).together with signed cop	submitted in lieu of the	it, within 24 hours from receipt of notice. Mayor's/Business Permit and PhilGEPS Omnibus Sworn Statement in accordance O) within (3) days from the date thethe
Ground floor, DSWD-C	CO Building, IBP Road, Constitution Hill	s, Quezon City or fax of OCTOBER 4, 201	documents to DSWD -BAC Secretariat at it through number 951-7116 or email to 19. Quotations submitted to different for evaluation.
			ery truly yours,
		l.	Co. S. mechanical and 20 to
			Can'na protected on on. 24 in
		· · · · · · · · · · · · · · · · · · ·	NA ANTONETTE A. AGUDO
			Officer-In-Charge, PMS
		Procuremen	nt Planning & Management Division
Terms and Conditions	3 :		1114 //
1. Award shall be m	nade on per: Item Basis XT	otal Quoted Price	Lot Basis
2. Quotation validity	shall be Sixty (60) calendar days fro		nission of quotations
3. Good/s shall be o		days upon receipt of Pu	
4. Place of Delivery			
Terms of Paymer	nt: within 15-30 days upon complete	submission of support	ing documents
Payment through	LDDAP-ADA (List of Due and Deman	dable Accounts Payable	e-Advise to Debit Account).
Account Name :		Account Nun	nber :
BankName:	\$	Branch :	
	d Bank of the Philippines accounts sh	_	
Liquidated Dama	~ ,		the time specified above, the
	quidated damages shall be at least eq		
	ortion for every day of delay. Once the		
	f the amount of the contract, the Proc		
	er courses of action and remedies ava		istances.
-	e indicate brand, model and country of o	-	
· · · · · · · · · · · · · · · · · · ·	cancy between unit cost and total cost, u	nit cost shall prevail.	
9. Please indicate V	-		Single
	e contract shall be awarded to the supplie		ctronic Procurement System (PhilGEPS).
	PhilGEPS website at www.philgeps.gov		
O.M.	NO		
	HOS		
RO	EL D. TORRATO		
(P)	curement Officer	(Signatu	re over Printed Name)
	39/ 931-8101 to 07 local 122/124	. •	Supplier

Company Name: Company Address: Contact Person: Contact No.: Philgeps Reg. No;

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

1	Date:	RFQ No. 1
100	September 24, 2019	RFQ No. 19-1579 Shopping (B)

HITEM Qty. Unit Purchaser's Specifications Please indicate the detailed specifications of the productiser of the Contract: PhP82,500.00 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	TIN No. :					1
15 Piece Tone	TEM	Qty.	Unit	Purchaser's Specifications	Bidder's Specifications (Please indicate the detailed specifications of the product/services being offered in the space provided below)	offered in the space provided below)
Approved Budget for the Contract: PhP82,500.00 xxxxxxxxx-Nothing Follows-xxxxxxxx	->	15	Piece	Toner Cartridge HP CF226A (HP26A) Black LaserJet		
xxxxxxxxx-Nothing Follows-xxxxxxxxx				Approved Budget for the Contract: PhP82,500.00		
				xxxxxxxxxx-Nothing Follows-xxxxxxxxx		
			Å			

PURPOSE: Office Supplies

PR No. 2019-03-1017

suspension/blacklisting in DSWD's future biddings. 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

RODEL D. TORRATO
Procyrement Officer
Tel no. 951-7116 / Fax No. 931-6139

(Signature over printed name)
Supplier