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

## REQUEST FOR QUOTATION

20-1173 SHOPPING (b) REQ No Date: November 26, 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, 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 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 8951-7116 or email to quotations@dswd.gov.ph not later than 4:00 PM of 67 DECEMBER. 2020 (MONDAY ). Quotations submitted to different fax number(s) or email address(es) as stated above shall not be considered for evaluation. V. GARCIA. JR. Officer-In-Charge, Procurement Planning & Management Division **Terms and Conditions:** 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 from receipt of Purchase Order (PO). 4. Place of Delivery: DSWD-Central Office, PSAMD Warehouse, IBP Road, Constitution Hills Q.C. 5. Terms of Payment: within 15-30 days upon completion of 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."

RENEE YNNE & MARCA

Procurement Officer

Tel. Nos. 8931-6139/ 8931-8101 to 07 local 122/124

(Signature over Printed Name)
Supplier

## Annex A

## DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

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 to register."

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| Company Name: | Company Address: | Contact Person: | Contact No.: | PhilGEPS Reg. No.: | Company TIN: |
|---------------|------------------|-----------------|--------------|--------------------|--------------|

| Toner Cartridge (W9005MC)   | ost   |           |           |   |   |                       |   |     |     |     |  |  | T |  |  |
|---|---|-----------|-----------|---|---|-----------------------|---|-----|-----|-----|--|--|---|--|--|
| ABC per Item (Please fill out the detailed specifications in the space provided) 20,000.00 15,000.00  15,000.00   | Total C   |           |           |   |   |                       |   |     |     |     |  |  |   |  |  |
| ABC per Item 20,000.00 15,000.00  | Unit Cost   |           |           |   |   |                       |   |     |     |     |  |  |   |  |  |
| A A   | Bidder's Specifications (Please fill out the detailed specifications in the space provided) |           |           |   |   |                       |   |     |     |     |  |  |   |  |  |
| Purchaser's Specifications  Toner Cartridge (W9005MC)  Toner Collection Unit (W90007MC)  For HP LaserJet MFP E72535dn serial number: CNC1LDD03M  Approved Budget for the Contract (ABC): Php 55,000.00  ***Nothing Follows*** | ABC per Item  | 20,000.00 | 15,000.00 |   |   |                       |   |     |     |     |  |  |   |  |  |
| Cartridge cartridge   |   |           |           | For HP LaserJet MFP E72535dn<br>serial number: CNC1LDD03M | Approved Budget for the Contract (ABC): Php 55,000.00 | ***Nothing Follows*** |   |     |     |     |  |  |   |  |  |
|   |   |           |           |   |   |                       | - | - 1 | - 1 | - 1 |  |  |   |  |  |
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Office Common supplies of RGMO PURPOSE:

PR No. 04-20001-PR-2020-07-00002
IMPORTANT: The winning bidder MUST SIGN the original copy of Purchase Order (P.O.) at DSWD-Central Office, Procurement Management Service. FAILURE to show up and sign the original P.O. means that the bidder is not interested and will be a ground for suspension or blacklisting in DSWD's future biddings.

RENEE LYNNE G. MARCA Procurement Officer

Trunkline: 89318101 to 07 loc. 122 & 124 Fax No. 8951-7116

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(Signature over printed name)