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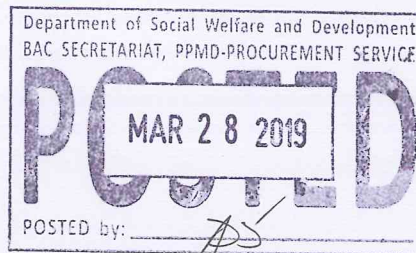
DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
IBP Road, Constitution Hills, Quezon City

REQUEST FOR QUOTATION

RFQ No. **19-0553 Shopping (B)**

Date: **March 25, 2019**

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 payment, you will be required to submit your **Mayor's/Business Permit**, within 24 hours from receipt of notice. The updated **Certification 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 number **951-7116** or email to **quotations@dswd.gov.ph** not later than **5:00 P.M of 02 April 2019**. Quotations submitted to different fax number(s) or email address(es) as stated above shall not be considered for evaluation.

Very truly yours,

KARINA ANTONETTE A. AGUDO
Supervising Administrative Officer and OIC,
Procurement Planning & Management Division

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 **Seven (7) working days upon receipt of Purchase Order**
4. Place of Delivery: **DSWD-PS Warehouse, DSWD Central Office, IBP Road, Batasan Hills, Quezon City**
5. Terms of Payment: **within 15-30 days upon complete submission of supporting documents**
Payment through LDDAP-ADA (List of Due and Demandable Accounts Payable-Advise to Debit Account).
Account Name : _____ Account Number : _____
Bank Name : _____ 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."**
12. **NOTE: 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.**

RENEL JOANNE G. GAMBITO

Procurement Officer

tel. Nos. 931-6139/ 931-8101 to 07 local 122/12.

(Signature over Printed Name)

Supplier

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Annex A

RFQ No. **19-0553** Shopping (B)
 Date: March 25, 2019

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

TIN No. : _____

Lot No.	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	1	kit	Drum Kit, OKI, C330dn/MC561			
	2	cart	Toner Cart, OKI, C330dn/MC561, Black			
	1	cart	Toner Cart, OKI, C330dn/MC561, Cyan			
	1	cart	Toner Cart, OKI, C330dn/MC561, Magenta			
	1	cart	Toner Cart. OKI, C330dn/MC561, Yellow			
			Approved Budget for the Contract: PhP32,944.00			
2	4	cart	Toner Cart, Brother TN-3350, Black, for HL 5450DN (CU-Printer)			
			Approved Budget for the Contract: PhP21,600.00			
			xxxxxxxx-Nothing Follows-xxxxxxxx			

PURPOSE : For the use of OUSPIM and AS-GSD

PR No. 2018103534, 2019020687

IMPORTANT: The winning bidder MUST pick-up duplicate copy and 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/blacklisting in DSWD's future biddings.



RENEL JOANNE G. GAMBITO

Procurement Officer

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

 (Signature over printed name)

Supplier