DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Annex A

			ed at the Philippine Government Electronic Procurement PS website at www.philgeps.gov.ph and register for free."	•		02 -NP-SVP Mar-23
Compan	y Name:					
Compan	y Address:			_		
Contact	Person:			=		
Contact	No.:			_		
PhilGEPS Reg. No.:				_		
Compan	•			_		
Compan	iy iliv.			_		
Item No.	Qty.	Unit	Purchaser's Specifications	Bidder's Specifications (Please fill out the detailed specifications in the space provided)	Unit Cost	Total Cost
	100	bottle	EPSON T664 INK REFILL BLACK			
	50	bottle	EPSON T664 INK REFILL CYAN			
	50	bottle	EPSON T664 INK REFILL MAGENTA			
	50	bottle	EPSON T664 INK REFILL YELLOW			
	100	bottle	EPSON 003 INK REFILL BLACK			
	100	bottle	EPSON 003 INK REFILL CYAN			
	100	bottle	EPSON 003 INK REFILL MAGENTA			
	100	bottle	EPSON 003 INK REFILL YELLOW			
	150	bottle	INK BT 6000 BLACK			
	150	bottle	INK BT 6000 CYAN			
	200	bottle	INK BT 6000 MAGENTA			
	200	bottle	INK BT 6000 YELLOW			
			*******NOTHING FOLLOWS****			
			Approved Budget for the Contract			
			(ABC): PhP 660,500.00			
FAILURE	ANT: The win	2023-03-049 ning bidder M riginal P.O me	milya - Pantawid Pamilya use 2nd Quarter 2023			
ADNE	V BADA74			Supplier		
	V. RADAZA ement Office	r		Signature over Printed Name		
riocure	ment onice	•		Signature over i inited Name		

Company Name: Company Address: Contact Person: Contact No.: Philgeps Reg. No.: Company TIN:	RFQ D	No.: 23- 0492 -NP-SVP Pate: 30-Mar-23
Sir/Madam:		
Please quote your government price/s including delivery charges, VAT or other ap Annex A . Failure to indicate information could be basis for non – compliance. Also, samples, if applicable.		-
If you are the exclusive manufacturer, distributor or agent in the Philippines for the notarized certification to this effect.	e goods listed in Annex A please	attach in your quotation a duly
As a condition for award, you will be required to submit the following documenta	ry requirements:	
* Accomplished Quotation (for goods or infra)/Proposal (for consulting)	* Income/Bussines Tax Ret amounting above Php. 500	urns for Contract with an ABC
* Mayor's Permit * PhilGEPS Registration No.		n Statement for contracts with an
* PCAB license (for infra) Note:Submission of PhilGEPS Platinum Certificate of Registration and Membership	is acceptable in lieu of the Mayo	or's Permit and PhilGEPS Reg. No.
Please accomplish and submit this form together with Annex A and all the required Masterson Avenue, Upper Carmen, Cagayan de Oro City or email it to procuremen.	t.dswd.fo10@gmail.com not late	er than of
		Very Truly Yours,
		ARNEL V. RADAZA
Terms and Conditions:		DSWD 10 Procurement Officer
 Award shall be made on per: Quotation validity shall be 6 Months 	Total Quoted Price	Lot Basis
3. Goods/Services shall be delivered/conducted within	15-30 working days upon re	eceipt of PO
4. Place of Delivery DSWD Field Office 10 5. Terms of Payment: 15-30 days after the inspections		
Payment through LDDAP-ADA (List of Due and Demandable Accounts Payable-A	Advice to Debit Account).	
Account Name:	Account Nun	nber:
Bank Name *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 be at least equal to one-tenth of one percent (0.001) of the cost of the unperform liquidated damages reaches ten (10%) of the amount of the contract, the Procurin 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	ed portion for every day of dela	y. Once the cumulative amount of
10. In case of a tie, the contract shall be awarded to the supplier or service provide website at www.philgeps.gov.ph and register for free."	r who first submitted its quotati	ion.
ARNEL V. RADAZA Procurement Officer	Signature	e over Printed Name

Republic of the Philippines

Department of Social Welfare and Development

Field Office No. 10 Cagayan de Oro City

PROOF OF RECEIPT

Quotation No: 23- 0492 -NP-SVP

Items: EPSON T664 INK REFILL BLACK

Purpose: Pantawid Pamilya - Pantawid Pamilya use 2nd Quarter 2023

Company Name	Representative	Position / Designation	Date	Signature

Canvasser	