## **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."			00 -NP-SVP -Apr-23
Compan	ıy Name:					
Compan	y Address:			<del>-</del>		
Contact	Person:			-		
Contact	No.:			-		
	S Reg. No.:			<del>-</del>		
Compan	•			-		
Compan	iy iiiv.			-		
Item No.	Qty.	Unit	Purchaser's Specifications	Bidder's Specifications (Please fill out the detailed specifications in the space	Unit Cost	Total Cost
			PRINTER 3 IN 1, PRINT SCAN COPY	provided)		
	3	Unit	PRINTER 3 IN 1, PRINT SCAN COPT			
	1	Unit	HEAVY DUTY PLATFORM HAND TROLLEY PUSH CART			
	60	PIECE	DINNER PLATE, WHITE, PORCELAIN			
	12	DOZEN	SPOON, STAINLESS STEEL			
	12	DOZEN	FORK, STAINLESS STEEL			
	20	PIECE	SERVING SPOON, ASSORTED			
	60	PIECE	DRINKING GLASS			
			*******NOTHING FOLLOWS*****			
			Approved Budget for the Contract			
			(ABC): PhP 78,056.77			
PURPOS	E:	REGIONAL H	AVEN FOR WOMEN - RHW JANITORIAL AND OTHER	SUPPLIES		
FAILURE	to sign the o	riginal P.O me	00 MUST SIGN the original copy of Purchase Order (P.O) eans that the bidder nd for suspension or blacklisting in DSWD's future b			
ARNEL	V. RADAZA			Supplier		
	ement Office	r		Signature over Printed Name		

Company Name:	<b>RFQ No.:</b> 23- 0600 -NP-SVP
Company Address:	
Contact Person:	
Contact No. :	
Philgeps Reg. No. :	
Company TIN:	<del></del>
Sir/Madam:	
	/AT or other applicable taxes, and other incidental expenses for the goods listed in impliance. Also, furnish us with descriptive brochures, catalogues, literatures and/or
If you are the exclusive manufacturer, distributor or agent in the Ph notarized certification to this effect.	silippines for the goods listed in <b>Annex A</b> please attach in your quotation a duly
As a condition for award, you will be required to submit the follow	ing documentary requirements:
* Accomplished Quotation (for goods or infra)/Proposal (f	or consulting)
* Mayor's Permit	* Income/Bussines Tax Returns for Contract with an ABC amounting above Php. 500k
,	*Notarized Omnibus Sworn Statement for contracts with an
* PhilGEPS Registration No.	ABC amounting to above Php. 50,000.00
* PCAB license (for infra)	
Note:Submission of PhilGEPS Platinum Certificate of Registration ar	nd Membership is acceptable in lieu of the Mayor's Permit and PhilGEPS Reg. No.
Masterson Avenue, Upper Carmen, Cagayan de Oro City or email it	all the required documents to DSWD – Procurement Unit, DSWD Field Office 10, to procurement.dswd.fo10@gmail.com not later than of address as stated above shall not be considered for evaluation.
	Very Truly Yours,
	ARNEL V. RADAZA
	DSWD 10 Procurement Officer
Terms and Conditions:	
1. Award shall be made on per:	Total Quoted Price Lot Basis
2. Quotation validity shall be 6 Months	45.20
3. Goods/Services shall be delivered/conducted within	15-30 working days upon receipt 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 Account Name:	Account Number:
Bank Name	
*Note: Non Land Bank of the Philippines accounts shall be charged a ser	vice fee.
6. Liquidated Damages/Penalty: In case of failure to make full deliv	ery within the time specified above, the amount of the liquidated damages shall
	the unperformed portion for every day of delay. Once the cumulative amount of act, the Procuring Entity may rescind or terminate the contract, without prejudice
to other courses of action and remedies available under the circum	nstances.
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 War <u>ranty</u>	
10. In case of a tie, the contract shall be awarded to the supplier or	service provider who first submitted its quotation.
website at www.philgeps.gov.ph and register for free."	
ARNEL V. RADAZA	
Procurement Officer	Signature over Printed Name

## Republic of the Philippines Department of Social Welfare and Development Field Office No. 10

Cagayan de Oro City

## **PROOF OF RECEIPT**

23- 0600 -NP-SVP **Quotation No:** 

Items:

PRINTER 3 IN 1, PRINT SCAN COPY
REGIONAL HAVEN FOR WOMEN - RHW JANITORIAL AND OTHER SUPPLIES Purpose:

Company Name	Representative	Position / Designation	Date	Signature

Canvasser	