ARNEL V. RADAZA
Procurement Officer

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Annex A

| | | | DEPARTMENT OF SOCIAL WELFARE AND DEVE | LOFIVIENT | | Allilex A |
|-------------|-------------|---------|--|--|--------------------------------|------------|
| · · · · · · | | | ed at the Philippine Government Electronic Procurement PS website at www.philgeps.gov.ph and register for free." | RFQ No. Date: | 24-0121 -SHOPPING 06-Mar-24 | |
| Compan | y Name: | | | | | |
| Compan | y Address: | | | | | |
| Contact | Person: | | | | | |
| Contact | No.: | | | • | | |
| PhilGEP | S Reg. No.: | | | • | | |
| Compan | y TIN: | | | • | | |
| Item No. | Qty. | Unit | Purchaser's Specifications | Bidder's Specifications (Please fill out the detailed specifications in the space provided) | Unit Cost | Total Cost |
| | | | SUPPLY AND DELIVERY OF: | | | |
| | 120 | BOTTLES | BROTHER BT D6000, COLOR BLACK (GENUINE) | | | |

| Item No. | Qty. | Unit | Purchaser's Specifications | (Please fill out the detailed specifications in the space provided) | Unit Cost | Total Cost |
|-------------|----------------------------------|---------|--|---|-----------|------------|
| | | | SUPPLY AND DELIVERY OF: | | | |
| | 120 | BOTTLES | BROTHER BT D6000, COLOR BLACK (GENUINE) | | | |
| | 80 | BOTTLES | BROTHER BT D60, COLOR CYAN (GENUINE) | | | |
| | 80 | BOTTLES | BROTHER BT D60, COLOR MAGENTA (GENUINE) | | | |
| | 80 | BOTTLES | BROTHER BT D60, COLOR YELLOW (GENUINE) | | | |
| | 60 | BOTTLES | INK EPSON L3110, COLOR BLACK (003 GENUINE) | | | |
| | 60 | BOTTLES | INK EPSON L3110, COLOR CYAN (003 GENUINE) | | | |
| | 60 | BOTTLES | INK EPSON L3110, COLOR MAGENTA (003 GENUINE) | | | |
| | 60 | BOTTLES | INK EPSON L3110, COLOR YELLOW (003 GENUINE) | | | |
| | 60 | BOTTLES | INK EPSON L360, COLOR BLACK (664 GENUINE) | | | |
| | 40 | BOTTLES | INK EPSON L360, COLOR CYAN (664 GENUINE) | | | |
| | 40 | BOTTLES | INK EPSON L360, COLOR YELLOW (664 GENUINE) | | | |
| | 40 | BOTTLES | INK EPSON L360, COLOR MAGENTA (664 GENUINE) | | | |
| | | | ********NOTHING FOLLOWS***** | | | |
| | | | | | | |
| | | | | | | |
| | Approved Budget for the Contract | | | | | |
| | | | (ABC): PhP 299,160.00 | | | |

Signature over Printed Name

| PURPUSE: | PROMOTIVE - SLP - FOR RPINO AND PROVINCIAL CLUSTER OFFICE USE |
|---------------------|---|
| PR No. | 2024-03-0121 |
| IMPORTANT: The | nning bidder MUST SIGN the original copy of Purchase Order (P.O) upon receipt of the P.O. |
| FAILURE to sign th | original P.O means that the bidder |
| is not interested a | will be a ground for suspension or blacklisting in DSWD's future biddings. |
| | |
| | |
| | Supplier |

| Company Name: Company Address: Contact Person: Contact No.: Philgeps Reg. No.: Company TIN: Sir/Madam: | - - - - | RFQ No.: Date: | 24-0121 -SHOPPING 06-Mar-24 |
|---|----------------------------------|-------------------|--------------------------------|
| Please quote your government price/s including delivery charges, VAT or other application Annex A. Failure to indicate information could be basis for non – compliance. Also, further samples, if applicable. | | | - |
| If you are the exclusive manufacturer, distributor or agent in the Philippines for the g notarized certification to this effect. | oods listed in Annex A pl | lease attach in | your quotation a duly |
| As a condition for award, you will be required to submit your Mayor's/Business Perulieu of the Mayor's/Business Permit and PhilGEPS Registration Number. * Mayor's Permit * PhilGEPS Registration No. | nit. The Certificate of Pla | atinum Memb | ership may be submitted in |
| Please accomplish and submit this form together with Annex A and all the required d Masterson Avenue, Upper Carmen, Cagayan de Oro City or email it to <a <="" href="procurement.com/procurement.co</th><th>dswd.fo10@gmail.com no</th><th></th><th></th></tr><tr><th></th><th></th><th></th><th>Very Truly Yours,</th></tr><tr><th></th><th></th><th></th><th>ARNEL V. RADAZA</th></tr><tr><th>Terms and Conditions:</th><th></th><th>DS</th><th>WD 10 Procurement Officer</th></tr><tr><th>1. Award shall be made on per: ☐ Item Basis ☐ 2. Quotation validity shall be 6 Months ☐</th><th>Total Quoted Price</th><th></th><th>Lot Basis</th></tr><tr><td>3. Goods/Services shall be delivered/conducted within</td><td>15-30 working days up</td><td>on receipt of F</td><td>90</td></tr><tr><th>4. Place of Delivery DSWD Field Office 10 5. Terms of Payment: 15-30 days after the inspections</th><th></th><th></th><th></th></tr><tr><th>Payment through LDDAP-ADA (List of Due and Demandable Accounts Payable-Adv</th><th>rice to Dehit Account)</th><th></th><th></th></tr><tr><th>Account Name:</th><th>•</th><th>: Number:</th><th></th></tr><tr><th>Bank Name</th><th>_</th><th></th><th></th></tr><tr><th>*Note: Non Land Bank of the Philippines accounts shall be charged a service fee.</th><th></th><th></th><th></th></tr><tr><th>6. Liquidated Damages/Penalty: In case of failure to make full delivery within the timbe at least equal to one-tenth of one percent (0.001) of the cost of the unperformed liquidated damages reaches ten (10%) of the amount of the contract, the Procuring to other courses of action and remedies available under the circumstances.</th><th>portion for every day of</th><th>delay. Once ti</th><th>he cumulative amount of</th></tr><tr><th>7. For goods, please indicate brand, model and country of origin.</th><th></th><th></th><th></th></tr><tr><th>8. In case of discrepancy between unit cost and total cost, unit cost shall prevail.</th><th></th><th></th><th></th></tr><tr><td>9. Please indicate Warranty</td><td></td><td></td><td></td></tr><tr><td>10. In case of a tie, the contract shall be awarded to the supplier or service provider v</td><td>vho first submitted its qu</td><td>otation.</td><td></td></tr><tr><td>website at www.philgeps.gov.ph and register for free." td=""><td></td><td></td><td></td> | | | |
| ARNEL V. RADAZA | | | |
| Procurement Officer | Sign | ature over Prir | nted Name |

Republic of the Philippines Department of Social Welfare and Development

Field Office No. 10 Cagayan de Oro City

PROOF OF RECEIPT

24-0121 -SHOPPING **Quotation No:**

Items:

BROTHER BT D6000, COLOR BLACK (GENUINE)
PROMOTIVE - SLP - FOR RPMO AND PROVINCIAL CLUSTER OFFICE USE Purpose:

| Company Name | Representative | Position / Designation | Date | Signature |
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| Canvasser | |
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