DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Annex A

Note: Prospective supplier must be register: System (PhilGEPS). You may visit the PhilGE	RFQ No. Date:	23- 0118 -NP-SVP 26-Jan-23		
Company Name:				
Company Address:		_		
Contact Person:		-		
Contact No.:		_		
PhilGEPS Reg. No.:		_		
Company 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
30 PCS	TONER-KYOCERA 3030/4050/5050			
15 UNIT	TONER 85A			
10 UNIT	FILM MASTER/MASTER ROLL (FOR RISO)			
30 UNIT	TONER (FOR RISO)			
	*******NOTHING FOLLOWS*****			
	Approved Budget for the Contract			
	(ABC): PhP 213,500.00			
PURPOSE: SOCPEN - SC	CIAL PENSION SUPPLY FOR PRINTING OF PAYROLL	AND VALIDATION FORMS		
FAILURE to sign the original P.O me	TUST SIGN the original copy of Purchase Order (P.O			
ARNEL V. RADAZA		Supplier		
MINE VINAPALA				

Company Name: Company Address: Contact Person: Contact No.: Philgeps Reg. No.: Company TIN:	RF	Q No.: Date:	23- 0118 -NP-SVP 26-Jan-23	
Sir/Madam:				
Please quote your government price/s including delivery charges, VAT or other apparent 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.	goods listed in Annex A plea	se attach ir	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)				
* Mayor's Permit	* Income/Bussines Tax R amounting above Php. 5	* Income/Bussines Tax Returns for Contract with an ABC		
mayor or crimic	*Notarized Omnibus Sworn Statement for contracts with		ent for contracts with an	
* PhilGEPS Registration No.	ABC amounting to above	Php. 50,00	00.00	
* PCAB license (for infra) Note:Submission of PhilGEPS Platinum Certificate of Registration and Membership	is acceptable in lieu of the Ma	avor's Perm	it and PhilGEPS Reg. No.	
		,		
Please accomplish and submit this form together with Annex A and all the required Field Office 10, Masterson Avenue, Upper Carmen, Cagayan de Oro City or email it Quotations submitted to different email address as stated	to bac.fo10@dswd.gov.ph no	t later thar	of	
			Very Truly Yours,	
			ARNEL V. RADAZA	
Tauma and Conditions.		DS	WD 10 Procurement Officer	
Terms and Conditions:				
 Award shall be made on per: Quotation validity shall be 30 working days 	Total Quoted Price		Lot Basis	
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	duine to Dabit Assessmt)			
Payment through LDDAP-ADA (List of Due and Demandable Accounts Payable-A Account Name:	Account N	umber:		
Bank Name				
*Note that the desired the Difference of the Dif				
*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 to be at least equal to one-tenth of one percent (0.001) of the cost of the unperformal liquidated damages reaches ten (10%) of the amount of the contract, the Procuring to other courses of action and remedies available under the circumstances. 7. For goods, please indicate brand, model and country of origin.	ed portion for every day of de	lay. Once t	he cumulative amount of	
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Republic of the Philippines

Department of Social Welfare and Development

Field Office No. 10 Cagayan de Oro City

PROOF OF RECEIPT

Quotation No: 23-0118 -NP-SVP

Items: TONER-KYOCERA 3030/4050/5050

Purpose: SOCPEN - SOCIAL PENSION SUPPLY FOR PRINTING OF PAYROLL AND VALIDATION FORMS

Company Name	Representative	Position / Designation	Date	Signature

Canvasser	