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."	RFQ No. Date:	23- 0493 -NP-SVP 30-Mar-23	
Company	y Name:					
Company	y Address:			_		
•	•			-		
Contact	Person:					
Contact	No.:			_		
PhilGEPS	Reg. No.:					
Company	v TIN·			_		
compan	,. .			_		
Item No.	Qty.	Unit	Purchaser's Specifications	Bidder's Specifications (Please fill out the detailed specifications in the space provided)	Unit Cost	Total Cost
	200	BOTTLE	EPSON T664 INK REFILL BLACK			
	100	BOTTLE	EPSON T664 INK REFILL CYAN			
	100	BOTTLE	EPSON T664 INK REFILL MAGENTA			
	100	BOTTLE	EPSON T664 INK REFILL YELLOW			
	200	BOTTLE	EPSON 003 INK REFILL BLACK			
	180	BOTTLE	EPSON 003 INK REFILL CYAN			
	180	BOTTLE	EPSON 003 INK REFILL MAGENTA			
	180	BOTTLE	EPSON 003 INK REFILL YELLOW			
	200		INK BT 6000 BLACK			
	200		INK BT 6000 CYAN	ļ		
	200 200	-	INK BT 6000 MAGENTA			
	200	BOTTLE	INK BT 6000 YELLOW			
			*******NOTHING FOLLOWS*****			
			Approved Budget for the Contract			
			(ABC): PhP 938,800.00			
PURPOSE	: :	PANTAWID	PAMILYA - PANTAWID PAMILYA USE 3rd and 4th QL	JARTER 2023		-
FAILURE	to sign the o	original P.O me	03 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		
Procure	ment Office	er		Signature over Printed Name		

Company Name: Company Address: Contact Person: Contact No.: Philgeps Reg. No.: Company TIN:	RFQ No.: 23- 0493 -NP-SVP Date: 30-Mar-23
Sir/Madam:	
	or other applicable taxes, and other incidental expenses for the goods listed in iance. Also, furnish us with descriptive brochures, catalogues, literatures and/or
If you are the exclusive manufacturer, distributor or agent in the Philipp notarized certification to this effect.	pines for the 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 of	documentary requirements:
* Accomplished Quotation (for goods or infra)/Proposal (for co	onsulting)
* Mayor's Permit	* Income/Bussines Tax Returns for Contract with an ABC amounting above Php. 500k
* PhilGEPS Registration No.	*Notarized Omnibus Sworn Statement for contracts with an ABC amounting to above Php. 50,000.00
* PCAB license (for infra)	Abe amounting to above Fig. 30,000.00
Note:Submission of PhilGEPS Platinum Certificate of Registration and M	embership is acceptable in lieu of the Mayor's Permit and PhilGEPS Reg. No.
Masterson Avenue, Upper Carmen, Cagayan de Oro City or email it to pr	he required documents to DSWD – Procurement Unit, DSWD Field Office 10, rocurement.dswd.fo10@gmail.com not later than of ess as stated above shall not be considered for evaluation.
	Very Truly Yours,
	ARNEL V. RADAZA
	DSWD 10 Procurement Officer
Terms and Conditions:	55Wb 10 Flocurement Officer
 1. Award shall be made on per: 2. Quotation validity shall be 6 Months 	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 Payment through LDDAP-ADA (List of Due and Demandable Account:	s Pavahle-Advice to Dehit Account)
Account Name:	Account Number:
Bank Name	
*Note: Non Land Bank of the Philippines accounts shall be charged a service	
be at least equal to one-tenth of one percent (0.001) of the cost of the $$	within the time specified above, the amount of the liquidated damages shall unperformed portion for every day of delay. Once the cumulative amount of the Procuring Entity may rescind or terminate the contract, without prejudice nces.
8. In case of discrepancy between unit cost and total cost, unit cost shal	ll prevail.
 Please indicate Warranty In case of a tie, the contract shall be awarded to the supplier or serv website at www.philgeps.gov.ph and register for free." 	rice provider who first submitted its quotation.
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

Quotation No: 23- 0493 -NP-SVP

Items: EPSON T664 INK REFILL BLACK

Purpose: PANTAWID PAMILYA - PANTAWID PAMILYA USE 3rd and 4th QUARTER 2023

Company Name	Representative	Position / Designation	Date	Signature

Canvasser	