## 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:	23-0548 -NP-SVP 04-Apr-23	
Compan	y Name:					
Compan	y Address:			•		
Contact	Person:			•		
Contact	No.:			•		
PhilGEP	S Reg. No.:			•		
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
	50	BOTTLE	INK CART, EPSON L3110 BLACK (003)			
	50	BOTTLE	INK CART, EPSON L3110, CYAN			
	50	BOTTLE	INK CART, EPSON L3110,MAGENTA			
	50	BOTTLE	INK CART, EPSON L3110,YELLOW			
	40	BOTTLE	INK CART, EPSON L360, BLACK (001)			
	5	PIECE	INK CART HP 678, BLACK			
	5	PIECE	INK CART HP 678, COLORED			
			*******NOTHING FOLLOWS*****			
			Approved Budget for the Contract			
			(ABC): PhP 122,500.00			
PURPOS	E:		- PSD-CIS AICS PRINTER INKS - FIRST SEMESTER			•
FAILURE	to sign the o	riginal P.O me	8 IUST SIGN the original copy of Purchase Order (P.O) eans that the bidder nd for suspension or blacklisting in DSWD's future b			
ΔRNFI	V. RADAZA			Supplier		
Procurement Officer				Signature over Printed Name		

Company Name:  Company Address:  Contact Person:  Contact No.:  Philgeps Reg. No.:  Company TIN:  Sir/Madam:		_ RFQ   _ D: _ _	No.: 23-0548 -NP-SVP Pate: 04-Apr-23	
Sily Wadam.				
Please quote your government price/s including deliver <b>Annex A.</b> Failure to indicate information could be basis samples, if applicable.	• •		-	
If you are the exclusive manufacturer, distributor or age notarized certification to this effect.	ent in the Philippines for the go	oods listed in <b>Annex A</b> please	attach in your quotation a duly	
As a condition for award, you will be required to submi	it the following documentary (	requirements:		
* Accomplished Quotation (for goods or infra),	/Proposal (for consulting)			
* Mayor's Permit		* Income/Bussines Tax Returns for Contract with an ABC amounting above Php. 500k		
* PhilGEPS Registration No.		*Notarized Omnibus Sworn ABC amounting to above Pl	n Statement for contracts with an hp. 50,000.00	
* PCAB license (for infra)				
Note: Submission of PhilGEPS Platinum Certificate of Rep	gistration and Membership is a	acceptable in lieu of the Mayo	or's Permit and PhilGEPS Reg. No.	
Please accomplish and submit this form together with A Masterson Avenue, Upper Carmen, Cagayan de Oro City . Quotations submitted to diffe	y or email it to <u>procurement.ds</u>	swd.fo10@gmail.com not late	er than of	
			ARNEL V. RADAZA	
			DSWD 10 Procurement Office	r
Terms and Conditions:				
Award shall be made on per:     Quotation validity shall be 6 Months	/ Item Basis	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 Payment through LDDAP-ADA (List of Due and Dema	•	ice to Debit Account)		_
Account Name:	music Accounts I dyubic Adv	Account Num	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 at least equal to one-tenth of one percent (0.001) of liquidated damages reaches ten (10%) of the amount of to other courses of action and remedies available under 7. For goods, please indicate brand, model and country 8. In case of discrepancy between unit cost and total corp. Please indicate Warranty	f the cost of the unperformed   of the contract, the Procuring E er the circumstances. of origin.	portion for every day of delay	y. Once the cumulative amount of	
10. In case of a tie, the contract shall be awarded to the website at <a href="www.philgeps.gov.ph">www.philgeps.gov.ph</a> and register for free."		rho first submitted its quotation	on.	_
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**

23-0548 -NP-SVP **Quotation No:** 

Items:

INK CART, EPSON L3110 BLACK (003)
PSD-CIS-AICS- PSD-CIS AICS PRINTER INKS - FIRST SEMESTER Purpose:

Representative	Position / Designation	Date	Signature
	Representative	Representative Position / Designation	Representative Position / Designation Date

Canvasser	