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- 0695 -NP-SVP 20-Apr-23	
Compar	ny Name:					
Compar	ny Address:			_		
Contact	Person:			-		
Contact No.:			=			
	S Reg. No.:			_		
	•			=		
Compar	IY IIN:			=		
Item No.	Qty.	Unit	Purchaser's Specifications	Bidder's Specifications (Please fill out the detailed specifications in the space provided)	Unit Cost	Total Cost
	10	UNIT	UPS (1000va)			
	1	UNIT	MONITOR			
	2	UNIT	LCD PROJECTOR			
	7	UNIT	SCANNER (HEAVY DUTY)			
		****PLEAS	SE SEE ATTACHED TERMS OF REFE	RENCE****		
	*****NOTHING FOLLOWS*****					
			Approved Budget for the Contract			
			(ABC): PhP 313,000.00			
PURPOS	E:	SOCIAL PENS	SION - SOCIAL PENSION UNIT ADDITIONAL ICT EQUI	PMENT		
FAILURE	to sign the o	riginal P.O me	DS AUST 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	ement Office	r		Signature over Printed Name		

Company Name:	RFQ No. : 23- 0695 -NP-SVP
Company Address:	Date: 20-Apr-23
Contact Person:	
Contact No. :	
Philgeps Reg. No. :	
Company TIN:	
Sir/Madam:	
	VAT or other applicable taxes, and other incidental expenses for the goods listed in ompliance. Also, furnish us with descriptive brochures, catalogues, literatures and/or
If you are the exclusive manufacturer, distributor or agent in the Pl notarized certification to this effect.	hilippines 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 follow	ving documentary requirements:
* Accomplished Quotation (for goods or infra)/Proposal (1	for 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 a	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	d 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:	s Total Quoted Price Lot Basis
2. Quotation validity shall be 6 Months	15-20 working days upon receipt of DO
Goods/Services shall be delivered/conducted within Place of Delivery DSWD Field Office 10	15-30 working days upon receipt of PO
5. Terms of Payment: 15-30 days after the inspection:	<u> </u>
Payment through LDDAP-ADA (List of Due and Demandable Acc	
Account Name:	Account Number:
Bank Name	
*Note: Non Land Bank of the Philippines accounts shall be charged a se	rvice fee.
6. Liquidated Damages/Penalty: In case of failure to make full deliv	very within the time specified above, the amount of the liquidated damages shall
	f 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	
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

Quotation No: Items:

23- 0695 -NP-SVP UPS (1000va) SOCIAL PENSION - SOCIAL PENSION UNIT ADDITIONAL ICT EQUIPMENT Purpose:

Company Name	Representative	Position / Designation	Date	Signature

Canvasser	