RFQ No.: 23-0945-NP-SVP

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Note: Prospective supplier must be registered at the Philippine Government Electronic Procurement System

(PhilGEP	S). You may	visit the PhilG	EPS website at www.philgeps.gov.ph and register for free	2."	Date:	30 May 2023
Compa Contac Contac PhilGE	any Name: any Addres t Person: t No.: PS Reg. No any 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
	31	BOTTLE	EPSON 003 BLACK			
	30	BOTTLE	EPSON 003 MAGENTA			
	30	BOTTLE	EPSON 003 YELLOW			
	30	BOTTLE	EPSON 003 CYAN			
			*******NOTHING FOLLOWS****			
			Approved Budget for the Contract			
			(ABC): PhP 60,500.00			
PURPO PR No.	SE:	4PS - FOR 4 2023-05-094	PS RPMO STAFF USE			
means th		r is not interes	der MUST SIGN the original copy of Purchase Ordested and will be a ground for suspension or blacklistic	ng in DSWD's future biddings.	FAILURE to sign the sign to sign the sign that the sign th	

*Note: Non Land Bank of the II 6. Liquidated Damages/Penalty: In one-tenth of one percent (0.001) of of the amount of the contract, the the circumstances. 7. For goods, please indicate brand, 8. In case of discrepancy between u 9. Please indicate Warranty 10. In case of a tie, the contract sha	Procuring Entity may read, model and country of originit cost and total cost, unit libe awarded to the supplement be registered at the Ph	gin. t cost shall prevail. ier or service provider who first subm	nitted its quotation. curement System (PhilGEPS). You may visit the Phi	
*Note: Non Land Bank of the I 6. Liquidated Damages/Penalty: In one-tenth of one percent (0.001) o of the amount of the contract, the the circumstances. 7. For goods, please indicate brand, 8. In case of discrepancy between u 9. Please indicate Warranty 10. In case of a tie, the contract sha 11. NOTE: "Prospective supplier m	Procuring Entity may read, model and country of originit cost and total cost, unit libe awarded to the supplement be registered at the Ph	gin. t cost shall prevail. ier or service provider who first subm	_	
*Note: Non Land Bank of the I 6. Liquidated Damages/Penalty: In one-tenth of one percent (0.001) o of the amount of the contract, the the circumstances. 7. For goods, please indicate brand, 8. In case of discrepancy between u 9. Please indicate Warranty 10. In case of a tie, the contract sha 11. NOTE: "Prospective supplier m	Procuring Entity may read, model and country of originit cost and total cost, unit libe awarded to the supplement be registered at the Ph	gin. t cost shall prevail. ier or service provider who first subm	_	
*Note: Non Land Bank of the I 6. Liquidated Damages/Penalty: In one-tenth of one percent (0.001) of of the amount of the contract, the the circumstances. 7. For goods, please indicate brand, 8. In case of discrepancy between u 9. Please indicate Warranty	Procuring Entity may read, model and country of originit cost and total cost, uni	gin. t cost shall prevail.	nitted its quotation.	
*Note: Non Land Bank of the I 6. Liquidated Damages/Penalty: In one-tenth of one percent (0.001) o of the amount of the contract, the the circumstances. 7. For goods, please indicate brand, 8. In case of discrepancy between u	Procuring Entity may re-	gin.		
*Note: Non Land Bank of the I 6. Liquidated Damages/Penalty: In one-tenth of one percent (0.001) of of the amount of the contract, the the circumstances.	Procuring Entity may re-			
*Note: Non Land Bank of the I 6. Liquidated Damages/Penalty: In one-tenth of one percent (0.001) of of the amount of the contract, the		scind or terminate the contract, wit		
*Note: Non Land Bank of the I 6. Liquidated Damages/Penalty: <i>In</i>	f the cost of the unperfor		Once the cumulative amount of liquidated damaş hout prejudice to other courses of action and rem	
	case of failure to make f	full delivery within the time specifie	d above, the amount of the liquidated damages sh	-
Dair Nail		l be charged a service fee.		
Account Name Bank Nam			Account Number:	
•	`	dable Accounts Payable-Advice to	, and the second	
5. Terms of Payment:	15-30 days after the in	nspections		
4. Place of Delivery	DSWD Field Office 1	<u>0</u>		
3. Goods/Services shall be delivered/conducted within	15-30 working days u	pon receipt of PO		
2. Quotation validity shall be:	6 Months			
1. Award shall be made on per:	☐ Item Basis	✓ Total Quoted Price	☐Lot Basis	
Terms and Conditions:			ו מאפט 10 אז	ocurement Officer
				V. RADAZA
			Very T	ruly Yours,
Masterson Avenue, Upper Carm to different email address as stat			gov.ph not later than JUNE 5, 2023/12:00PM	Quotations submit
Please accomplish and submit th	is form together with A	nnex A and all the required docur	nents to DSWD – Procurement Unit, DSWD Fi	eld Office 10,
Note:Submission of PhilGEPS I	Platinum Certificate of R	Registration and Membership is ac	eceptable in lieu of the Mayor's Permit and Phile	GEPS Reg. No.
* PCAB license (for in	nfra)		- .	
* PhilGEPS Registrat	tion No.		Notarized Omnibus Sworn Statement for co mounting to above Php. 50,000.00	ntracts with an Al
* Mayor's Permit			mounting above Php. 500k Notarized Omnibus Sworn Statement for co	ntracts with an AT
Accompnished Quot	auon (101° goods 01° INI		Income/Bussines Tax Returns for Contract	with an ABC
· ·	=	bmit the following documentary ra)/Proposal (for consulting)	requirements;	
certification to this effect.	_	-		on a dary nounizou
A . Failure to indicate informatio applicable.	on could be basis for non	n – compliance. Also, furnish us w	rith descriptive brochures, catalogues, literature listed in Annex A please attach in your quotati	s and/or samples, if
Please quote your government pr	rice/s including delivery	y charges, VAT or other applicable	le taxes, and other incidental expenses for the go	oods listed in Anne
Sir/Madam:				
Company TIN:				
Philgeps Reg. No. :				
				30-May-23

Republic of the Philippines

Department of Social Welfare and Development Field Office No. 10

Cagayan de Oro City

PROOF OF RECEIPT

Quotation No: 23-0945-NP-SVP

Items: EPSON 003 BLACK

Purpose: 4PS - FOR 4PS RPMO STAFF USE

Company Name	Representative	Position / Designation	Date	Signature

Canvasser	