DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

			egistered at the Philippine Government Electronic Procure EPS website at www.philgeps.gov.ph and register for fre		RFQ No.: Date:	24-0881-NP-SVP 3 Jul 2024
Compa	ny Name: ny Address t Person: t No.:	s:		- - -		
PhilGE	PS Reg. No	o .:		_		
	ny TIN: Address:			- -		
Item No.	Qty.	Unit	Purchaser's Specifications	Bidder's Specifications (Please fill out the detailed specifications in the space provided)	Unit Cost	Total Cost
			SUPPLY AND DELIVERY OF:			
	45	bottle	Epson T664 ink refill black genuine			
	45	bottle	Epson T664 ink refill cyan genuine			
	44	bottle	Epson T664 ink refill magenta genuine			
	44	bottle	Epson T664 ink refill yellow genuine			
	50	bottle	Epson 003 ink refill black genuine			
	50	bottle	Epson 003 ink refill cyan genuine			
	50	bottle	Epson 003 ink refill magenta genuine			
	50	bottle	Epson 003 ink refill yellow genuine			
	95	bottle	INK BTD 60 black genuine			
	94	bottle	INK BT 5000 cyan genuine			
	90	bottle	INK BT 5000 Magenta genuine			
	90	bottle	INK BT 5000 yellow genuine ********NOTHING FOLLOWS*****			
			NOTHING FOLLOWS			
			Approved Budget for the Contract			
			(ABC): PhP 346,770.00			
PURPO	SE:	PANTAWID	PAMILYA-PANTAWID PAMILYANG PILIPINO PRO	OGRAM USE FOR 2024	I	
		2024-07-088				
			der MUST SIGN the original copy of Purchase Ordested and will be a ground for suspension or blacklis			the original P.O
	NEL V. RA				Supplier	

Company Address			_	RFQ No. 24-0881-NP-SV
Company Address: Contact Person:			_	Date: 03-Jul-24
Contact Person:			_	
Philgeps Reg. No. :			_	
Company TIN:			_	
Email Address:			_	
Eman Address.			_	
Sir/Madam:				
				tal expenses for the goods listed in chures, catalogues, literatures and/or
If you are the exclusive manufacertification to this effect.	acturer, distributor or age	nt in the Philippines for the	goods listed in Annex A please	attach in your quotation a duly notari
As a condition for award, you	u will be required to sub	omit the following docume	ntary requirements:	
* Accomplished Quo	tation (for goods or inf	ra)/Proposal (for consulting	g)	
				urns for Contract with an ABC
* Mayor's Permit			amounting above Php. 500k	x 1 Statement for contracts with an A
* PhilGEPS Registra	ntion No.		amounting to above Php. 50	
* PCAB license (for	infra)			
Note:Submission of PhilGEPS	Platinum Certificate of I	Registration and Membership	is acceptable in lieu of the May	yor's Permit and PhilGEPS Reg. No.
Masterson Avenue, Upper Car	men, Cagayan de Oro Cit	ty or email it to bac.fo10@d	swd.gov.ph not later than 5:00	ment Unit, DSWD Field Office 10, PM on July 8, 2024 . Quotations
submitted to different email ad	dress as stated above sha	ll not be considered for eval	uation.	
				Very Truly Yours,
				ARNEL V. RADAZA DSWD 10 Procurement Officer
Terms and Conditions:				
1. Award shall be made on per:	☑ Item Basis	☐ Total Quoted Price	☐ Lot Basis	
2. Quotation validity shall be:	6 Months			
3. Goods/Services shall be	15-30 working days up	non receipt of PO		
delivered/conducted within	•	<u> </u>		
4. Place of Delivery	DSWD Field Office 10	<u>)</u>		
5. Terms of Payment:	15-30 days after the in	spections		
Payment through LDDAP-ADA	`	·		
Account Nan			Account Number:	
Bank Nar *Note: Non Land Bank of the		l he changed a convice fee		
one-tenth of one percent (0.001) of the amount of the contract, the	of the cost of the unperform	ned portion for every day of de	lay. Once the cumulative amount	uidated damages shall be at least equal of liquidated damages reaches ten (10% s of action and remedies available unde
the circumstances.	d model and sourting of	rin.		
7. For goods, please indicate brand8. In case of discrepancy between		-		
Please indicate Warranty	unit cost and total cost, uni	t cost shan prevan.		
10. In case of a tie, the contract sh	all be awarded to the suppli	ier or service provider who first	submitted its quotation.	
	must be registered at the Ph	_	_	You may visit the PhilGEPS website at
ARNEL V. RADAZA				
Procurement Officer			_	Supplier
			G:	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

Quotation No: 24-0881-NP-SVP

Items: Epson T664 ink refill black genuine

Purpose: PANTAWID PAMILYA-PANTAWID PAMILYANG PILIPINO PROGRAM USE FOR 2024

Company Name	Representative	Position / Designation	Date	Signature

(Canvasser	