## DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office IX, Zamboanga City

\* \$ 1

## REQUEST FOR QUOTATION

	RFQ NO.	i
	DATE:	12/10/2020
COMPANY NAME:		
COMPANY ADDRESS :		
CONTACT PERSON :		
CONTACT PERSON :		
COMPANY TIN NO:		
Sir/Madam:		
Please quote your government price/s including delivery charges,	VAT or othe	r annlicable taxes and
other incidental expenses for the goods listed in Annex A. Failur	e to indicate	information could be
basis for non - compliance. Also, furnish us with the descriptive br	ochures, cata	alogues, literatures
*		
If you are the exclusive manufacturer, distributor or agent in the	Philippines	for the goods listed in
Annex A please attach in your quotation a duly notarized certificat	ion to this ef	fect.
Please accomplish and submit this form together with Annex DEC. N., 2020 6:00 MM	x A to DSW	/D fo-9 on or before
\	ery truly you	ırs,
MA CO	PMIO DRAZON G. S	esi)
IVIA. CC	JKAZUN G. S CAO	UMIKAD
	CAO	1ctmu-2070-12-0503
Terms and Conditions:		
		POSTED
	ot Basis	GEPS REF No.
Quotation validity shall not be less that 45 days     Good/s shall be delivered at;		I.A E
4. Place of Delivery: DSWD FO-9, ZAMBOANGA CI	TV	anadatirat
5. Terms of payment: 30 DAYS AFTER ACTIVITY	11	The state of the s
6. Liquidated Damages/Penalty ONE-TENTH (1/10)	OF ONE DEE	RCENT FOR EVERY DAY
	OI OIGH LFI	
DELAY	SHALL BE IN	
7. Indicate brand, model and country of origin.:	SHALL BE IN	MPOSED.
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<ul><li>7. Indicate brand, model and country of origin.:</li><li>8. In case of discrepancy between unit cost and total cost, unit cost</li><li>9. Warranty:</li></ul>	t shall prevai	/IPOSED.
<ul> <li>7. Indicate brand, model and country of origin.:</li> <li>8. In case of discrepancy between unit cost and total cost, unit cost</li> <li>9. Warranty:</li> <li>10. Prospective supplier must be registered at the Philippine Gov</li> </ul>	t shall prevai	dPOSED.
7. Indicate brand, model and country of origin.:  8. In case of discrepancy between unit cost and total cost, unit cost 9. Warranty:  10. Prospective supplier must be registered at the Philippine Gov System (PhilGEPS). You may visit Philgeps website at www.philge	t shall prevai	dPOSED.
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CONTACT PERSON: CONTACT NO.: COMPANY NAME: COMPANY ADRESS:

> ANNEX A: RFQ RFQ NO. DATE: 10-Dec-20

TEM NO. QTY.	UNIT	PUIRCHASER'S SPECIFICATIONS	ABC	BIDDER'S SPEICIFCATIONS
6	unit	Unified Service Router with Dual WAN, Web Filtering and Load Balancing, Heavy Duty (pls. see attached specs.)		
Þ	unit	KVM Switch 16 Ports, Heavy Duty - BEST QUALITY		
ω	unit	Mobile Modem Router for Smart SIM Card		
3	unit	Mobile Modem Router for Globe SIM Card		
10	unit	64 GB Flash Drive, Heavy Duty		
00	pieces	Screw Driver 4 Point, Magnetic Head #2, Heavy Duty		
Þ	unite	3 in 1 Printer with buil - in CIS ( can scan long bond paper )		
6	unic	ного 2тв		
ω	unit	Tripod 7 Feet Heavy Duty		
		44		
		Take rote:		
		Business/Nasyor's permit shall be issued upon receipt of Purchase Order		
		Omnibus Swom Statement shall be required for Modality with ABC above 950,000.00		
		The second secon	The second secon	

PURPOSE ICT devices and equipments to be use for video conferencing for all division.

RENATO G. FOJAS)
RPROCUREMENT-OFFICER

CANVASSER

Friedrich Sign the Original copy of Purchase Order (P.O.) with in five (5) days from the date of reciept. Failure to sign the original P.O means that the bidder is not interested and will be a ground fo suspension or blacklisting in DSWD's future biddings.

| 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1 GEPS REF Vo....

NOTE: Please fill in / attach specification. Failure to do so will be DISQUALIFIED / WILL NOT BE AWARDE SHINAI MAS