

Republic of the Philippines

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Field Office 02

Regional Center, Carig, Tuguegarao City Tel Nos. (078)304-1004 Telefax (078)304-0586

REQUEST FOR PRICE QUOTATION

23-03-0287

Date:

March 27, 2023

Signature over Printed Name of Representative/Owner

Purpose:

for the use of Social Pension Program Implementation FY 2023

| TEM NO | ITEM | Quantity | Unit | Price Quotation | | Remarks |
|--|--|------------------|------|-----------------|------------------------------------|--|
| | | | | Unit Price | Total Price | Kelliaiks |
| 1 | Premium Pigment Ink (Black) | 10 | pcs | | | PR# 2023-03 0526 |
| 2 | Premium Pigment Ink (Yellow) | 10 | pcs | | | |
| 3 | Premium Pigment Ink (Pink) | 10 | pcs | | | |
| 4 | Premium Pigment Ink (Black) | 10 | pcs | | | |
| 5 | Refillable Ink Cartridge | 7 | sets | | | |
| | Total Approved Budget = P 94, 500.00 | | | | | |
| | *DSWD Regional Bids and Awards Commit wing suppliers' business documents are required for su | bmission to DSWD | | | ubmission: Others Required | l: |
| | | | | | BAC C | L. ARAO JR / |
| Quoted l | | | | | BACC | L. ARAO JR /- nailpersod ector III |
| | by: | | | | BAC Control Director Canvassed By: | ARAO JE / Pail person ector III |
| Quoted I | by: Registered Business Name | ivo. | | | Canvassed By: | |
| Quoted I | by: Registered Business Name Name and Signature of Owner/Authorized Representati | | | | Canvassed By: | nvasser |
| Quoted I Printed I Business | Registered Business Name Name and Signature of Owner/Authorized Representations Address: | | | | Canvassed By: | nvasser |
| Quoted I Printed I Business Date of S | Registered Business Name Name and Signature of Owner/Authorized Representations Address: | | | | Canvassed By: | nvasser |
| Quoted I Printed I Business Date of S Contact | Registered Business Name Name and Signature of Owner/Authorized Representation S Address : | | | | Canvassed By: | nvasser |
| Quoted I Printed I Business Date of S Contact | Registered Business Name Name and Signature of Owner/Authorized Representations Address: Submission: No: f Payment: | | | | Canvassed By: | nvasser |
| Quoted I Printed I Business Date of S Contact Terms of | Registered Business Name Name and Signature of Owner/Authorized Representations Address: Submission: No: f Payment: | | | | Canvassed By: | nvasser |
| Quoted I Printed I Business Date of S Contact Terms of | Registered Business Name Name and Signature of Owner/Authorized Representations Address: Submission: No: f Payment: hber: SRegistration no. | | | | Canvassed By: | nvasser |
| Printed N Business Date of S Contact Terms of | Registered Business Name Name and Signature of Owner/Authorized Representations Address: Submission: No: f Payment: hber: SRegistration no. | | | | Canvassed By: | nvasser |

Date Received