

**REQUEST FOR QUOTATION
NP- SMALL VALUE PROCUREMENT**RFQ No. : DSWD7-2024-0195Date : February 26, 2024

Company Name : _____
Company Address : _____
Contact Person : _____
Contact No. : _____
PhilGEPS Registration No.: _____

Sir/Madam:

Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in Annex A. Failure to indicate information could be the basis for non-compliance. Also, kindly furnish us with descriptive brochures, catalogues, literatures and/or samples, if applicable.

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 certification to this effect.

Interested supplier/s are required to submit true copies of their **valid Mayor's Permit, Philgeps Registration Number** upon submission of quotation/s. An **omnibus Sworn Statement** is required prior to award.

Please accomplish and submit this **form** together with **Annex A** and **Bank Information** to the BAC Secretariat, DSWD Field Office VII, Cebu City or send it through facsimile numbers (032) 233-8785; 233-0261; 231-2172 local 140 or 148 or e-mail to bac.fo7@dswd.gov.ph on or before **March 1, 2024 at 5:00PM.**

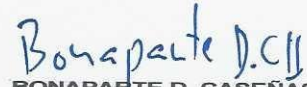
Very truly yours,

ENGR. EMMANUEL M. EDLES

AO V/Head, Procurement Management Section

Terms and Conditions:

- Award shall be made on per: ☐ item basis ☒ total quoted price ☐ lot basis
- Quotation validity shall be not less than **60 calendar days.**
- Good/s or Services shall be delivered **please refer to Annex A**
- Place of Delivery: **please refer to Annex A**
- Terms of Payment: **within 30 days from the receipt of billing statement.**
- Liquidated Damages/Penalty: **One-tenth of one percent for everyday of delay shall be imposed.**
- In case of discrepancy between total price per item and unit price for the item as extended or multiplied by the quantity of that item, the latter shall prevail.
- Warranty period, if applicable: _____


BONAPARTE D. CASENAS II
Canvasser

I am interested to quote and agree to the terms and conditions.

(Signature over Printed Name of Supplier / Service
Provider / Authorized Representative)



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Field Office VII, Cebu City

Company Name _____
 Company Address _____
 Contact Person _____
 Contact No. _____
 PhilGEPS Registration No.: _____
 Tin Number: _____

RFQ No. DSWD7-2024-0195

Date: February 26, 2024

Item No.	Quantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
1	15	unit	PROVISION OF VAN RENTAL SERVICES Specifications: <ul style="list-style-type: none"> • Service from DSWD Pantawid Office in Cebu City going to Cebu Province with pick-up/drop of venue • Can accommodate of at least 12 passengers in comfortable & normal sitting capacity. • In good running condition/roadworthiness. • Fully air-conditioned and well-maintained. • Vehicle year model must be 2018 and above. • To pick-up and drop-off passengers/staff and supplies from identified/designated pick-up and drop-off locations. • Vehicle rental to include licensed professional driver, fuel/lubricant, disinfectant/sanitizer. • Driver must be vaccinated for Covid-19 virus • Vehicle must be regularly cleaned and disinfected. • Rental service up to 10-14 hours per day on staggered or scheduled date/s by end-user • Can provide of at least three (3) unit at a time, if necessary Note: Use for Cebu Clusters and POO only				
Approved Budget for the Contract: Php 90,000.00 End User: PANTAWID				Note: "Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			
PURPOSE : For CY 2024 Pantawid Region VII Office Transport of Staff and Office supplies for delivery							

Note: Procurement procedure in accordance with DSWD-Memorandum Circular No. 2, Series of 2007.

Bonaparte D. Caseñas II
BONAPARTE D. CASEÑAS II
 Canvasser

Signature of Supplier / Authorized Representative Over
 Printed Name

(page 2 of 2)