

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office VII Corner M.J. Cuenco and Gen. Maxilom Ave., Cebu City

REQUEST FOR QUOTATION NP- SMALL VALUE PROCUREMENT

		RFQ No. Date	DSWD7-2025-0131 February 14, 2025
		Duto	
Company Name	:		
Company Address	:		
Contact Person	:		
Contact No.	:		
PhilGEPS Registrati	ion No.:	_	
Sir/Madam:			
expenses for the go	government price/s including delivery chargoods listed in Annex A. Failure to indicate has descriptive brochures, catalogues, literatur	information could	d be the basis for non-compliance. Also,
in your quotation a c	sive manufacturer, distributor or agent in the duly notarized certification to this effect.		
Interested supplier/s upon submission of	s are required to submit true copies of their v quotation/s. An Omnibus Sworn Statemen	valid Mayor's Pe It is required prio	rmit and Philgeps Registration Number or to award.
Field Office VII, Ce	and submit this form together with Annex abu City or send it through facsimile number ac.fo7@dswd.gov.ph on or before February	ers (032) 887-9	720; 233-0261; 231-2172 local 17140 or
		Very truly you	urs,
w.		FNGR FMM	ANUEL M. EDLES
			Procurement Management Section
Terms and Conditi 1. Award shall be m 2. Quotation validity		uoted price	lot basis
3. Good/s or Service	es shall be delivered please refer to Annex	<u>A</u>	
4. Place of Delivery			
6. Liquidated Dama	nt: within 30 days from the receipt of billinges/Penalty: One-tenth of one percent for bancy between total price per item and unit price.	or everyday of d	delay shall be imposed. as extended or
	quantity of that item, the latter shall prevail.		
8. Warranty period,	if applicable:	 <u>C</u> I	HARL ALBERT J. TORREFIEL Canvasser
I am interested to a	uote and agree to the terms and conditions.		

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Company Address		Da	ate:	February 14, 2025
Contact Person				
Contact No.				
PhilGEPS Registration N	No.:			
Tin Number:				

Item No.	Quantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply"	Bidder's Specifications	Unit Cost	Total Cost
1	32	unit	PROVISION OF VAN RENTAL SERVICES FOR CEBU PROVINCE AREA				
	,		Specifications:				
			: Service from DSWD FO VII Office going to any point of Cebu Province with pick-up/drop- off at every LGU and vice-versa (no inter island)			·	
			Other Conditions:				
			: Can accommodate of atleast 12 passengers in comfortable and normal sitting capacity.				
			: In good running condition / roadworthiness				
			: Fully air-conditioned and well-maintained			R	
		3	: Vehicle year model must be 2018 and above				
	2		: To pick-up and drop-off passengers / staff from identified / designated pick-up and drop off points			w.	
			: Vehicle rental to include licensed professional driver, fuel/lubricant, disinfectant/sanitizer				
			: Vehicle must be regulary cleaned and disinfected		ı		
	-		: Rental service up to 16 - 18 hours per day on staggered or scheduled dates by end-user				
			: Service provider must have atleast 3 unit to accommodate simultaneous trip in a day, if needed	u.	v.		·
			: End user to inform the service provider atleast 3 days prior to the set schedule			a	,
			: Service provider to submit statement of account or billing statement on a monthly basis. Attached also the trip ticket with name/s of the passenger				

Item No.	Quantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply"	Bidder's Specifications	Unit Cost	Total Cost
			: Without prejudice to the provisions of the applicable law, rules and regulations, the contract shall be automatically terminated when the amount specified for this contract has been exhausted.				s.
Approved Budget for the Contract: Php 192,000.00 Note:							
End User: PSD-SFP			"Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.				
PUR	PURPOSE: Provision of Motor Vehicles during the implementation of the Supplementary Feeding Program.						

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

CHARL ALBERT J. TORREFIEL

Signature of Supplier / Authorized Representative Over Printed Name

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