



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. : DSWD7-2025-0883A  
Date : June 18, 2025

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 and Philgeps Registration Number** upon submission of quotation/s. An **Omnibus Sworn Statement** is required prior to award.

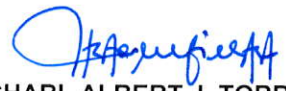
Please accomplish and submit this **form** together with **Annex A** and **Bank Information** to the BAC Secretariat, DSWD Field Office VII, Cebu City or send it through facsimile numbers (032) 887-9720; 233-0261; 231-2172 local 17140 or 17110 or e-mail to bac.fo7@dswd.gov.ph on or before **June 23, 2025 at 05:00PM**.

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 **within 30 days from receipt and conformity of Purchase Order.**
- Place of Delivery: **AVRC II Camomot Franza Rd., Brgy. Labangon, Cebu City**
- 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: \_\_\_\_\_

  
**CHARL ALBERT J. TORREFIEL**  
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


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Company Address \_\_\_\_\_  
Contact Person \_\_\_\_\_  
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PhilGEPS Registration No.: \_\_\_\_\_  
Tin Number: \_\_\_\_\_

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Item No.	Quantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
1	1	lot	<p><b>Preventive Maintenance Services with 10,000 km check-up (all-in) and replacement of defective parts for DSWD Vehicle JMC Hunter SKL 917</b></p> <p><b>Scope of Works:</b></p> <p><b>1. REPLACE</b></p> <p>* Engine Coolant Temperature (ECT) sensor</p> <p>* Seat Covers-Upholstery Leatherette</p> <p>* Battery</p> <p>* Headlight Assembly</p> <p><b>2. CHECK-UP/ CLEAN/ ADJUST</b></p> <p>* Lights, Horn, Wiper, Washers</p> <p>* Fuel System</p> <p>* Belts Condition</p> <p>* Brakes: Front and Rear</p> <p>* Ball Joint and Tie Rod</p> <p>* Tires and Inflation</p> <p>* All Fluids</p> <p>* Steering Wheel and Linkages</p> <p>* Clutch System</p> <p>* Battery Health</p> <p><b>3. PERFORM AIRCON GENERAL CLEANING</b></p> <p><b>4. REMOVE RADIATOR TANK FOR OVERHAUL</b></p>				
Approved Budget for the Contract: <b>Php 100,000.00</b>				Note: "Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			
End User: <b>AVRC II</b>							
PURPOSE :		For maintenance services of vehicle plate no. SKL 917					

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

  
**CHARL ALBERT J. TORREFIEL**  
Canvasser

Signature of Supplier / Authorized Representative Over  
Printed Name

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