



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. : **DSWD7-2025-0934**
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)



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Field Office VII, Cebu City

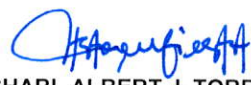
Company Name _____
Company Address _____
Contact Person _____
Contact No. _____
PhilGEPS Registration No.: _____
Tin Number: _____

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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>Preventive Maintenance Services with 80,000 km check-up (all-in) and replacement of defective parts for DSWD Toyota Ambulance (HI-ACE) with plate no. A9Y162</p> <p>Scope of Works:</p> <p>1. REPLACE</p> <ul style="list-style-type: none"> * Engine Oil * Engine Oil Filter, genuine * Engine Flushing Oil * Air Cleaner Filter, genuine * Transmission Fluid * Differential Gear Oil * Brake Fluid and Clutch Fluid * Steering Fluid * Radiator Coolant * Fuel Filter, genuine * Fuel System Conditioner <p>2. CHECK-UP/ CLEAN/ ADJUST</p> <ul style="list-style-type: none"> * Lights, Horn, Wiper, Washers * Fuel System * Belts Condition * Brakes: Front and Rear * Ball Joint and Tie Rod * Tires and Inflation * All Fluids * Steering Wheel and Linkages * Clutch System * Battery Health <p>3. PERFORM BG DECARB (DIESEL)</p> <p>4. REPLACE TIRES 4PCS and WHEEL BALANCING/ ALIGNMENT</p> <p>5. REPLACE BATTERY</p>				
Approved Budget for the Contract: Php 100,000.00				Note: "Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			
End User: AVRC II							
PURPOSE :		For maintenance services of vehicle plate no. A9Y-162					

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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