

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

nt of Social Welfare and Development Corner M.J. Cuenco and Gen. Maxilom Ave., Cebu City

REQUEST FOR QUOTATION NP-SMALL VALUE PROCUREMENT

| | RFQ No. | : DSWD7-2022-0075 |
|---|---|--|
| | Date | : January 21, 2022 |
| Company Name: | _ | |
| Company Address: | | |
| Contact Person: | | |
| Contact No.: | | |
| PhilGEPS Registration No.: | - | |
| Sir/Madam: | | |
| Please quote your government price/s including delivery charge expenses for the goods listed in Annex A. Failure to indicate Also, kindly furnish us with descriptive brochures, catalogues, lit | information could | be the basis for non-compliance |
| If you are the exclusive manufacturer, distributor or agent in the attach in your quotation a duly notarized certification to this effect | e Philippines for th | ne goods listed in Annex A , please |
| Interested service providers are required to submit true copies of Philgeps Registration Number upon submission of quotation required prior to award. | of their valid Mayo n n. An Omnibus Sv | r's/Business Permit and vorn Statement (OSS) shall be |
| Please accomplish and submit this form together with Annex DSWD Field Office VII, Cebu City or send it through facsimile 140 or 148 or e-mail to bac.fo7@dswd.gov.ph on or before Janu | numbers (032) 23 | 3-8785: 233-0261: 231-2172 local |
| F | Pery truly yours, ROSARIO P. BACO | ONG rement Management Section |
| Terms and Conditions: 1. Award shall be made on per: item basis total qi 2. Quotation validity shall be not less than 60 calendar days. | | |
| Good/s or Services shall be delivered within CY 2022. | | |
| 4. Place of Delivery: Within Cebu City and Cebu Province. | | |
| 5. Terms of Payment: within 30 calendar days from the composite Statement / Sales Invoice. | oletion of monthly | services and receipt of Billing |
| 6. Liquidated Damages/Penalty: One-tenth of one percent for | or everyday of del | av shall he imnosed |
| In case of discrepancy between total price per item and unit price. | rice for the item as | extended/or multiplied |
| by the quantity of that item, the latter shall prevail. | | |
| 8. Warranty Period, if applicable: | <u>_</u> | BRYAN C. VAGARE |
| am interested to quote and agree to the terms and conditions. | | Canvasser |
| (Signature over Printed Name of Supplier / | | |
| Authorized Representative) | | |

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

| Company Name: Company Address: Contact Person: Contact Name: | | | RFQ No.: | | DSWD7-2022-007 | | |
|---|----------|--|--|---|----------------------------|-------------------|---------|
| | | | | | January | January 21, 2022 | |
| Contact N | lo.: | Wes | | - | | | |
| PhilGEPS | Registra | ation No.: _ | | _ | | | |
| Item No. | Qty | Unit | Articles / Descriptions | Statement of Compliance (State "Comply" or "Not Comply") | Bidder's Specifications | Unit Cost | Total C |
| 1 1 | 1 | 1 lot | Van Rental (1 unit X 65 trips) | | | | |
| | | | * Four-wheel drive, preferably * Fully airconditioned * At least 14- person min. capacity (normal seating capacity) * Inclusion of fuel and lubricant * With licensed driver including his food & accommodation * Vehicle year model must be at least 2013 or above * Use of van depends on the set schedule of activity * 8 to 12 hours per day * Driver must be fully vaccinated with covid-19 Origin: * Cebu City, Cebu Place to be visited: * Any point in Cebu Province | | | | |
| d User: SLP | | Note: "Bidder's Specifications" column may be filled up with supplier's offer (brand, model, origin) or may copy | | | | | |
| u USEI. | SLI | | | Arucies | Description" state | ted if annlicable | 0 |
| Purpose | : D | o provide lifferent S | transportation of SLP staff for official functions during S LP staff / and Delivery of Assorted Office Supplies and I ation activities in the Province of Cebu for CY 2022. | | | | |

Signature of supplier/Authorized Representative over printed name

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BRYAN C LAGARE Carivasser