DSWD
Department of Social Welfare and Development

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.   : **DSWD7-2024-0171**
Date   : **February 23, 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 service providers are required to submit true copies of their valid Mayor's/Business Permit and Philgeps Registration Number upon submission of quotation. An omnibus Sworn Statement shall be 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 17126 or **kalahiaf7.procurement23@gmail.com** on or before **March 1, 2024** at **4:00 PM.**

Very truly yours,

ENGR. EMMANUEL M. EDLES
AO V/Head, Procurement Management Section

Terms and Conditions:

1. Award shall be made on per: [ ] item basis [✓] total quoted price [ ] lot basis
2. Quotation validity shall be not less than **60 calendar days.**
3. Good/s or Services shall be delivered **on the specific date in Annex A .**
4. Place of Delivery: **DSWD Field Office VII, Cebu City**
5. Terms of Payment: **within 30 calendar days from the completion of services and receipt of Billing Statement / Sales Invoice.**
6. Liquidated Damages/Penalty: **One-tenth of one percent for everyday of delay shall be imposed.**
7. 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.
8. Warranty Period, if applicable: _____

EDLYN S. GANGQUE
Canvasser

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

_____
(Signature over Printed Name of Supplier /
Authorized Representative)

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Item No.	Qty	Unit	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
1	1	lot	Repair and maintenance of DSWD Vehicle TOYOTA (Hilux) with Plate No. SAA 3611				
			Scope of works:				
			*replace timing belt				
			*perform SK, smile501MV				
			* perform carcare services				
			*perform engine coating and cleaning				
			*perform aircon cleaning				
			*replace compressor, magnetic clutch				
			*replace drive belt				
			*replace seatbelt (right side)				
			*replace brake pads				
			*perform wheel alignment				
			*replace tensioner assembly				
			Materials:				
			*engine room cleaner and coating				
			*Bactaklenz				
			*Oring/s (genuine)				
			*Filter and Acc Assy, A (genuine)				
			*Freon 134A				
			*Pag-oil				
			*Compressor assy (genuine)				
			*Clutch assy, magnet (genuine)				
			*Belt assy (front seat)				
			*Pad kit, disc brake (genuine)				
			*Tensioner assy, V-RI (genuine)				
						Total:	

Approved Budget for the Contract: **Php185,000.00**	Note: "Bidder's Specifications" column may be filled up with supplier's offer (brand, model, origin) or may copy "Articles/Description" stated if applicable.
Purpose: Repair and maintenance of DSWD Vehicle TOYOTA (Hi-lux) with Plate No. SAA 3611.	

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

EDLYN S. CANGQUE
Canvasser

_____
Signature of supplier/Authorized
Representative over printed name