



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. : DSWD7-2020-0843
 Date : July 24, 2020

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 suppliers/service providers are required to submit true copies of their valid Mayor's/ Business Permit, PhilGEPS Registration Number and Omnibus Sworn Statement (OSS) upon submission of quotations.

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; 232-0261; 231-2172 local 140 or 148 or e-mail to bac.fo7@dswd.gov.ph on or before **July 29, 2020 at 5:00PM.**

Very truly yours,


ROSARIO P. BACONG

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 **within 30 days after receipt of approved Purchase Order (PO).**
4. Place of Delivery: **DSWD FOVII, Cebu City**
5. Terms of Payment: **within 30 days from the receipt of billing statement.**
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: _____


IAN B. MAESTRADO
 Canvasser

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

 Signature of Supplier/Service Provider/Authorized
 Representative over Printed Name



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TIN: _____

Item No.	Qty.	Unit	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
1	5	lot	<p>Preventive maintenance services performing 10,000km with check-up, minor repair and replacement of defective parts for the following DSWD Vehicles (Ambulance):</p> <ol style="list-style-type: none"> 1. A90961 2. A9M295 3. A9Y162 4. A90881 5. A9Z126 <p>Scope of works:</p> <ul style="list-style-type: none"> *10,000km, Check-up *Bodywash <p>Materials:</p> <ul style="list-style-type: none"> *Oil filter * Gasket *Engine Oil * Engine treatment oil *Injector Cleaner 				

Item No.	Qty.	Unit	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
			*Engine flush				
			*Brake cleaner (genuine)				
			*Brake paste				
			*Coolant				
			*Window washer fluid				
Approved Budget for the Contract: Php57,500.00							
Charge to: FO Funds				"Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			
End User: ADMIN							

PURPOSE : Preventive Maintenance Services performing 10,000km with check-up, minor repair and replacement of defective parts of DSWD Ambulance

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


IAN B. MAESTRADO
 Carivasser

 Signature of Supplier/Service Provider/Authorized
 Representative over Printed Name