

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Field Office MiMaRoPa Region

1680 F.T. Benitez corner Malvar Sts., Malate, Manila

REQUEST FOR QUOTATION

			RFQ No.:	2021-11-1064 NP-SVP
			Date:	NOVEMBER 17, 2021
120				
Company Name	4			
Company Address Contact Person		:		
Contact No.				
Email Address	4	•		
Company TIN				
PhilGEPS Reg. No.	3			
Sir/Madam:				
expenses for the good	vernment price/s including delivery cha ds listed in Annex A . Failure to indica ptive brochures, catalogues, literatures	te information	could be l	basis for non - compliance. Also,
	nanufacturer, distributor, or agent in the notarized certification to this effect.	e Philippines	for goods li	isted in Annex A, please attach in
Income/Business Ta	ttach copies of your Company's Busi ax Return and Omnibus Sworn State e Mayor's /Business Permit and PHILO	ement. The C	ertificate (of Platinum Membership maybe
Please accomplish a	nd submit this form together with Anne	x A to DSWD	- Procure	ment Unit at 2nd Floor 1680 F.T.
	r Sts., Malate, Manila or fax it throug			
				office of fice. 24002 of cinam to:
igiicop@aswa.go	ov.ph not later than 5:00 PM on NO	VEWBER 23,	2021.	/
				- //
				Very truly yours,
				/ ///
			HARVY B CALABIO	
			HA	RAY BACALABIO
			1,534	ministrative Officer V
			Pi	rocurement Section
Terms and Condition	ons:			
	1479577/	x total quote	d price	lot basis
Award shall be m Price Validity shall	nade on per:item basis ill be valid until: One Hundred Twenty (Control of the Contro	LIOT Dasis
3. Services shall be	delivered on: PERIOD OF NOVEMBER	TO DECEMB	ER 2021 (1	4 DAYS ON-CALL)
Place of Delivery				
5. Terms of Payme				/
Payment through	LDDAP-ADA (List of Due and Demand	lable Account	s Payable-	Advice to Debit Account)
Account Name:			_Account	Number :
Bank Name:			_Branch:	
	nd Bank of the Philippines accounts sh	all be charged	a service	fee
Liquidated Dama	iges/Penalty: In case of failure to n	nake full deliv	ery within	the time specified above,
the amount of the	ne liquidated damages shall be at least	equal to one	tenth of or	ne percent (0.001) of the cost of
the unperforme	d portion for every day of delay shall be	e imposed. Oi	nce the cur	intibution and rescaled or terminate
the contract wit	es ten percent (10%) of the amount of chout prejudice to other courses of acti	on and remed	ios availah	le under the circumstances
	e indicate brand, model and country of ori		ies availab	ne under the circumstances.
	pancy between unit cost and total cost, un	75 (A. P. H.)	evail.	
Please indicate v		in occi onci pi		
	pective supplier must be registered at the P	hilippine Gover	nment Elect	tronic Procurement System
Total regulation at all the	EPS). You may visit the PhilGEPS website a			
	1			
	1KM			
	rfa G. Licop			-
Procur	rement Officer			Signature Over Printed Name
Telefax: 5336-8106	to 07 loc. 24052			(Supplier)

Email: proc.davecorcoro.dswd4b@gmail.com/ dtcorcoro@dswd.gov.ph

Telefax: 5336-8106 to 07 loc. 24052



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office MiMaRoPa Region 1680 F.T. Benitez corner Malvar Sts., Malate, Manila

empany Na empany Ad entact Pers entact No. mail Addres empany Til iliGEPS Re	idress son ss N		MOP; NP-SVP		
o. Qty.	Unit		Bidder's Specifications	Unit Cost	Total Cost
	SERVICE PROVIDER FOR VAN RENTAL (14 Days On-Call)				
		TO BE USE OF DSWD SWADT-CIS STAFF DURING PSP- AICS PAYOUT IN PROVINCE OF ORIENTAL MINDORO			
		VEHICLE TYPE: Hi-Ace Commuter Van, 16 Seater, With Not Less Than 4 Doors			
		No. of Days: 14 DAYS (On Call)			
-		DROP-OFF and PICK-UP POINT Place:			
		PLACE to be Arranged Within the PROVINCE of ORIENTAL MINDORO			
		TIME of Drop-Off and Pick-Up is between 7:00 - 8:00 AM and 5:00 PM			
-		INCLUSION:			
		* 1 Driver Per Vehicle			
		*Can Accommodate of Atleast 15-16 Passenger			
		*Gas, Oil, and other Repair and Maintenance of Vehicle throughout the Contract Period			
		*Load Allowance of Driver to Contact Passengers			
		*Fees and Taxes			
		*Passenger's insurance against accidental including all expenses on medical (including but limited to medical laboratory/hospitalization/medicines and other procedures needed)			
		Other Requirements:			
		*Licensed Driver *Driver must be COVID-19 Negative (Medical Certificate as Proof)			
		MODE OF PAYMENT: Government Procedure			
		*********NOTHING FOLLOWS********			
			Note: Please specify brand/ model/ origin Please fill up the space for Bidder's Specification		
			> \		
			"Failure to indicate information could		
		PAGE 1 OF 1	be basis for non-compliance."		
		Total Approved Budget for the Contract: Php 140,000.00			
URPOSE: R No.: IPORTANT: Ivance cop ture biddin	2021-11 : The win y was se	E PROVIDER FOR THE USE OF AICS SWADT-ORIENTAL MINDORO PAYOUT 1064 ning bidder MUST SIGN the original copy of Purchase Order (P.O.) at DSWD Fred thru fax. FAILURE to show up and sign the original P.O. means the bidde	FO MIMAROPA Region, Procurement Ur	it within three (3) da	ys from the date cklisting in DSWD

Supplier