



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

REQUEST FOR QUOTATION

RFQ No.: 2023-01-0074-Direct Retail Purchase of POL
Date: January 17, 2023

Company Name : _____
Company Address : _____
Contact Person : _____
Contact No. : _____
Email Address : _____
Company TIN : _____
PhilGEPS Reg. 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 basis for non-compliance.** Also, furnish us with descriptive brochures, catalogues, literatures and/or samples, if applicable.

If you are exclusive manufacturer, distributor, or agent in the Philippines for goods listed in Annex A, please attach in your quotation a duly notarized certification to this effect.

Additionally, please attach copies of your Company's Business Permit, Mayor's Permit, PCAB License (if applicable), PhilGEPS Certificate, latest Income/Business Tax Return and a notarized or unnotarized Omnibus Sworn Statement in accordance with the attached format marked as Annex B. If awarded, please submit immediately the duly notarized Omnibus Sworn Statement (if previously submitted is unnotarized). The Certificate of Platinum Membership may be submitted in lieu of the Mayor's /Business Permit and PHILGEPS Registration Number.

Please accomplish and submit this form together with Annex A to DSWD MIMAROPA Region -BAC Secretariat at 2nd Floor 1680 F.T. Benitez corner Malvar Sts., Malate, Manila or email to: procurement.fomimaropa@dswd.gov.ph not later than **5:00 PM on January 24, 2023 (Tuesday)**. Quotations submitted to different email address(es) as stated above shall not be considered for evaluation. Please indicate in the subject of your email the title of the Project using this format: **[RFQ Number], [Deadline of Submission]**.

Very truly yours,


HARVEY S. CALABIO

Administrative Officer V
Procurement Section Head

Terms and Conditions:

- Award shall be made on per: ☐ item basis ☒ total quoted price ☐ lot basis
- Price Validity shall be valid until: One Hundred Twenty (120) Calendar days
- Services shall be delivered on: Based on the actual consumption (January - December 2023)
- Place of Delivery: SWADT Occidental Mindoro Office (M.H. Del Pilar St., Brgy. 7, San Jose, Occidental Mindoro)
- Terms of Payment: within 15-30 days upon final inspection and acceptance
Payment through LDDAP-ADA (List of Due and Demandable Accounts Payable- Advice to Debit Account)
Account Name: _____ Account Number: _____
Bank Name: _____ Branch: _____
****Note: Non Land Bank of the Philippines accounts shall be charged a service fee**
- Liquidated Damages/Penalty: In case of failure to make full delivery within the time specified above, the amount of the liquidated damages shall be at least equal to one-tenth of one percent (0.001) of the cost of the unperformed portion for every day of delay shall be imposed. Once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of contract, the Procuring Entity may rescind or terminate the contract without prejudice to other courses of action and remedies available under the circumstances.
- For goods please indicate brand, model and country of origin.
- In case of discrepancy between unit cost and total cost, unit cost shall prevail.
- Please indicate warranty: _____
- NOTE: "Prospective supplier must be registered at the Philippine Government Electronic Procurement System (PhilGEPS). You may visit the PhilGEPS website at www.philgeps.gov.ph to register"


DAVE T. CORCORO
Procurement Officer

Telefax: 5336-8106 to 07 loc. 24052

Signature Over Printed Name
(Supplier)



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Date: _____ (should be filled up by supplier)

MOP: Direct Retail Purchase of POL

Company Name : _____
 Company Address : _____
 Contact Person : _____
 Contact No. : _____
 Email Address : _____
 Company TIN : _____
 PhilGEPS Reg. No. : _____

Item No.	Qty.	Unit	Bidder's Specifications (Please fill out the specifications in the space provided) NOTE: Supplier must state here either the statement of compliance either "COMPLY" or "NOT COMPLY". Failure to indicate information could be basis for non-compliance"	Unit Cost	Total Cost
			SERVICE PROVIDER FOR THE VEHICLE PETROLEUM OIL, LUBRICANT AND OTHER SUPPLY NEEDS OF SWADT OCCIDENTAL MINDORO FOR CY-2023		
1	2,208	liters	FUEL (estimated 184 liters/ month x 12 months = 2,208 liters) ✓		
			A. COMPETENCE AND QUALIFICATIONS		
			A.1. Three-year experience in providing services to government offices		
			A.2. Submission of Company Profile		
			A.3. Business Name and Articles of Incorporation		
			B. SCOPE OF WORKS		
			B.1. Product Inclusion		
			- All fuels, oil, lubricants and other supplies (glass cleaner, car refreshener, turtle wax)		
			B.2. Purchase Limits		
			- In liters as covered by the appropriate purchase order		
			- All fuels, oil, lubricants and other supplies (glass cleaner, car refreshener, turtle wax)		
			C. OTHER PROVISIONS		
			C.1. SERVICE PROVIDER shall prepare bi-monthly regular report including detailed transaction reports		
			C.2. Minor repair/services such as change oil, tune up, undercoating, cleaning and adjustment of hand brake, wheel and camber alignment, car aircon repair and other minor services relevant to the maintenance of the vehicle		
			C.3. Odometer checking with each fuel purchase to calculate fuel consumption and monitoring		
			E. ACCOUNTABILITIES (see TOR)		
			F. CONTRACT DURATION AND SCHEDULE		
			- January 1, 2023 to December 23, 2023 (12 months)		
			G. TERMS OF PAYMENT : Government Procedure		
			H. BUDGETARY REQUIREMENTS AND FUND (see TOR)		
			Computation: Php12,000.00 x 1 vehicle x 12 months = Php144,000.00		
			>>>>> NOTHING FOLLOWS <<<<<		
			TOTAL APPROVED BUDGET FOR THE CONTRACT One Hundred Forty-Four Thousand Pesos Only (Php 144,000.00)		
			Note: Please specify brand model/origin.		
			PAGE 1 OF 1		

PURPOSE: Service Provider for the vehicle petroleum, oil, lubricant and other supply needs of SWADT Occidental Mindoro Office.

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☐ VAT
☐ Non-VAT

 (Signature over printed name)
 Supplier

IMPORTANT: The winning bidder **MUST SIGN** the original copy of Purchase Order (P.O.) at DSWD FO MIMAROPA Region, Procurement Unit within three (3) days from the date advance copy was served thru fax. **FAILURE** to show up and sign the original P.O. means the bidder is not interested and will be ground for suspension or blacklisting in DSWD's future biddings.