

## DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Field Office MiMaRoPa Region 1680 F.T. Benitez corner Malvar Sts., Malate, Manila

## REQUEST FOR QUOTATION

		RFQ No.:	
		Date:	November 15, 2024
Company Name	1		
Company Address	<del></del>		
Contact Person			
Contact No.	÷	<u> </u>	
Email Address	<del></del>		
Company TIN	\$		
PhilGEPS Reg. No.	÷		
Sir/Madam:	-		
expenses for the goo	overnment price/s including delivery ads listed in <b>Annex A</b> . Fallure to in iptive brochures, catalogues, literati	dicate information could be	basis for non -compliance. Also,
	nanufacturer, distributor, or agent in arized certification to this effect.	n the Philippines for goods liste	ed in Annex A, please attach in your
PhilGEPS Certification accordance with Omnibus Sworn State	te, latest Income/Business Tax Re	eturn and a notarized or unn- innex B. If awarded, please si nnotarized. The Certificate of	
1680 F.T. Benitez co November 21, 2024	orner Malvar Sts., Malate, Manila <u>or</u> ( <u>Thursday).</u> Quotations submitted ation. Please indicate in the subjec	email to: maaluz@dswd.gov to different email address(es)	as stated above shall not be roject using this format: [RFQ Number
			Very truly yours,
			V
		/	ARVY B. CALABIO ILITTO
			ministrative Officer V
		400	uremen Section Head
Terms and Conditi	ons:		7
1. Award shall be	made on per: litem basis	x total quoted price	lot basis
2. Price Validity sh	nall be valid until: One Hundred Twen	ty (120) Calendar days	
<ol><li>Services shall b</li></ol>	ne delivered on: November - December		
<ol> <li>Place of Deliver</li> <li>Terms of Paym</li> </ol>	X I I I I I I I I I I I I I I I I I I I	inspection, and acceptance	
Payment through	th LDDAP-ADA (List of Due and Dem		lvice to Debit Account)
Account Name			mber :
Bank Name:		Branch:	
	and Bank of the Philippines account		
<ol><li>Liquidated Dan</li></ol>		ire to make full delivery within t	
the amount of	the liquidated damages shall be at I ed portion for every day of delay sha	all be imposed. Once the cumu	lative amount of liquidated
damages reac	hes ten percent (10%) of the amount	t of contract, the Procuring Ent	ity may rescind or terminate
	ithout prejudice to other courses of		
And the second s	se indicate brand, model and country of		
8. In case of discr	epancy between unit cost and total cost	st, unit cost shall prevail.	
9. Please indicate	warranty:	n - Bullianta - O	nia Denguerament Suntam
	spective supplier must be registered at a GEPS). You may visit the PhilGEPS web		
Mark	Anthony A. Luz		
	curement Officer		Signature Over Printed Name
	28-5111 to 07 loc. 24052		(Supplier)



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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

Company Name

Company Address

Contact Person

Contact No.

Email Address

Company TIN

1			-	Bidder's Specifications		
m o.	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", Fallure to indicate information could be basis for non-compliance"	Unit Cost	Total Cost
1			SERVICE PROVIDER FOR VAN RENTAL (10 DAYS ON-CALL SERVICE)			
			Activity: OFFSITE SERBISYO PAYOUT OF CIS PALAWAN			
1	1	unit	Vehicle Type: Hi-Ace Commuter Van 12-15 Seater excluding the Driver with not less than 4-Doors			
			No. of days: 10 Days (ON-CALL)			
			Place of implementation: Within Palawan			
			Period Covered: November-December 2024			
			Pick up Date, Time, and Place : SWADT Palawan Office/ To be scheduled / Target Municiplaity 458 Rizal Avenue Ext. cor Abrea Rd., Bgy. Bancao-Bancao, PPC			
			Drop Off Date, Time, and Place: 6:00 am - 11:00 pm/from scheduled municipality to SWADT Palawan Office, 458 Rizal Avenue Ext. cor Abrea Rd., Bgy. Bancao-Bancao, PPC			
			Note: Including Waiting Time			
			Specification:			
			12-15 Seaters			
			Fully Airconditioned			
			With Insurance for passengers			
			Inclusion			
			Driver (with valid Professional Driver's License) and personal expenses.			1
			Gas, and other charges and expense.			
			Regular disinfection of the vehicle.			
			*****Nothing Follows****			
			Contact Person: Eric P. Aborot			
		-	Contact No. 09778560040			
			Delivery Place: SWAD Palawan Rizal Ave. Extension cor. P. Abrea Rd., Brgy. Bancao-			
	_		Bancao, Puerto Princesa City, Palawan			
	+	-	TOTAL APPROVED BUDGET FOR THE CONTRACT			
	-	1	One Hundred Twenty Thousand Pesos Only		-	
	+	1	(Php 120,000.00)			
			With individual	Note: Please specify brand model/origin.		
			PAGE 1 DE 1			
			PAGE 1 OF 1			J.

PURPOSE: Service provider for the Van Rental for offsite serbisyo payout of CIS Palawan

PR No.: 2024-11-1048

VAT
Non-VAT
(Signature over printed name)

Supplier