

DEPARTMENT OF TOURISM
National Capital Region
Telefax: 8553-3530
Direct Line: 8553-3531/09202909993
Email: dotncr.bac@tourism.gov.ph

Date: May 24, 2023

GENTLEMEN:

REQUEST FOR QUOTATION

Kindly quote to us your latest price(s) on the following item(s):

QTY	UNIT	ITEM/DESCRIPTION/SPECIFICATION	UNIT PRICE
1(ONE)	LOT	VEHICLE HIRE/RENTAL	
		PROJECT NAME :	
		INSPECTION, EVALUATION AND PROCESSING OF ACCREDITATION OF TOURISM ESTABLISHMENTS	
		OBJECTIVE: For the official use of DOT-NCR Tourism Regulation Division personnel	
		REQUIREMENTS/SPECIFICATIONS:	
		Date of Engagement: <ul style="list-style-type: none"> • May-June 2023 FIFTEEN (15) DAYS Scope of Service: <ul style="list-style-type: none"> • 1 (one) unit of air-conditioned MPV/AUV/Sedan • 12 Hours use per day • Inclusive of: Driver, Driver's Meals, Fuels, Parking, Toll Fees, Driver's Fee • First Aid Kit On-Board • With Waze directional app • Driver must be fully vaccinated • Itinerary within Metro Manila subject to change • Office is within Metro Manila only 	
		Documentary Requirements to be Submitted:	
		1. Mayor's Business Permit 2. PHILGEPS Red Registration Membership 3. DOT Accreditation Certificate 4. Notarized Original and certified true copies of Omnibus Sworn Statement	
		Approved Budget: Php 100,500.00 Pesos: One Hundred Thousand Five Hundred Only <i>*inclusive of all government taxes and other fees</i>	
		Contact Person: DARLENE HAZEL A. SERRAN - Hazel.darlene7.dhs@gmail.com	
		Please quote your lowest price for the above requirements and submit your quotation along with documentary requirements VIA PERSONAL SERVICE AND/ OR COURIER in three (3) original sets IN A SEALED ENVELOPE to this office address: DOT NCR BAC SECRETARIAT Mr. Lawrence J. Alcantara – Head, NCR BAC Secretariat 2nd Floor, DOT Building, 351 Sen. Gil Puyat Avenue, Makati City	
		Note: Deadline of submission is on May 29, 2023 at 8:00am	

This office desires to place an order for the above item(s) with the minimum delay.
Your firm quotation will help us very much in placing the order.

Thank you.

PRINT NAME OF DEALER/SUPPLIER

ADDRESS OF DEALER/SUPPLIER

CONTACT NUMBER(s)

TIN: _____

LANDBANK ACCOUNT NUMBER

AUTHORIZED SIGNATURE OVER PRINT NAME

NCR-ADMIN-PMD-004-00