DEPARTMENT OF TOURISM

National Capital Region Telefax: 8553-3530

Direct Line: 8553-3531/09202909993 Email: dotncr.bac@tourism.gov.ph

Date: February 13, 202

GENTLEMEN:

REQUEST FOR QUOTATIONKindly quote to us your latest price(s) on the following item(s):

QTY	UNIT	ITEM/DESCRIPTION/SPECIFICATION	UNIT PRICE
1(one)	Unit	Van Hire/Rental (SERVICE OF A DOT-ACCREDITED TOURIST TRANSPORT OPERATOR)	,
		PROJECT NAME : LOCAL TOURISM DEVELOPMENT PLANNING 2 (LTDP 2) FOR LGUS MARIKINA, LAS PINAS, TAGUIG, PASAY AND SAN JUAN	
		REQUIREMENTS/SPECIFICATIONS:	
		Date of Engagement: Implementation Date: March 6-7, 2025 / April 24-25, 2025 : (min of 10 hrs, overtime pay included) 1 (one) unit of airconditioned van Inclusive of: driver, driver's meals, fuel, parking and toll fees, driver's fee first aid kit on board preferably with waze directional app itinerary subject to change without prior notice	
		willing to enter "send bill arrangement" Decrease Paragrams and the Calculation	
		Documentary Requirements to be Submitted: 1. Mayor's Business Permit 2. PHILGEPS Membership 3. DOT Accreditation Certificate	
		Approved Budget for the Contract (ABC): Php 36,800.00 Pesos: Thirty-Six Thousand Eight Hundred Only *inclusive of all applicable taxes, EVAT/VAT/government taxes/service charge/and other applicable taxes and charges net upon completion of the project and delivery of all requirements as agreed upon. Government procedure and subject to appropriate government taxes	
		Contact Persons: Ms. Mariville P. Ramos - mpramos@tourism.gov.ph - 09164340478	
		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 7840 Makati Avenue, Poblacion, Makati City	
		Note: Deadline of submission is on February 18, 2025 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)
	Email Address
	TIN:
	LANDBANK ACCOUNT NUMBER
	AUTHORIZED SIGNATURE OVER PRINT NAME