

DEPARTMENT OF TOURISM
National Capital Region
Telefax: 8553-3530
Direct Line: 8553-3531/09190990025
Email: dotncr.bac@tourism.gov.ph

Date: February 24, 2025

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)	Unit	VEHICLE HIRE/RENTAL OF DOT-ACCREDITED TOURIST TRANSPORT	
		PROJECT NAME: TRANSPORTATION REQUIREMENT FOR INSPECTION, EVALUATION, AND PROCESSING OF ACCREDITATION OF TOURISM ESTABLISHMENTS	
		Objective: For the official use of DOT-NCR Tourism Regulation Division personnel.	
		SCOPE OF SERVICES / SPECIFICATIONS :	
		Date of Engagement: ➤ March - April 2025 (15 days) <ul style="list-style-type: none">1 (one) unit of air-conditioned MPV/AUV/Sedan12 Hours of use per dayInclusive of Driver, Driver's Meals, Fuels, Parking, Toll Fees, Driver's FeeFirst Aid Kit On-BoardWith Waze directional appItinerary within Metro Manila subject to change (March-April 2025)	
		Documentary Requirements to be Submitted:	
		1. Mayor's Business Permit 2. PHILGEPS Membership 3. DOT Accredited 4. Omnibus Sworn Statement	
		APPROVED BUDGET FOR THE CONTRACT (ABC) Php 114,765.00 Pesos : One Hundred Fourteen Thousand Seven Hundred Sixty-Five Only <small>* 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</small>	
		CONTACT PERSON: ALEXANDRA MARIE D. JAMORA- adjamora@tourism.gov.ph	
		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 28, 2025 at 08:00 am	
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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