

DEPARTMENT OF FOREIGN AFFAIRS
Philippine Embassy Abu Dhabi, UAE
Tel No.: +971 50 813 7836


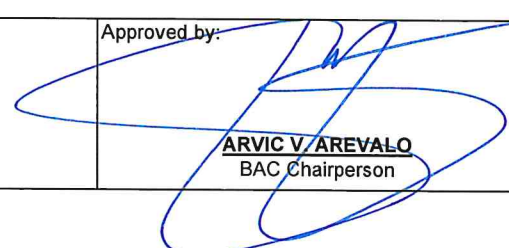
Date: 21 February 2025

REQUEST FOR QUOTATION

Sir / Madam:

Please submit your lowest price quotation for the following items individually described below, subject to the following conditions:

1. Quotations submitted to this office will be considered as the final offer. In the event that the price is acceptable, a properly accomplished and approved PURCHASE ORDER or JOB ORDER will be served to the supplier/contractor. The delivery date will be indicated in the Purchased/Job Order.
2. Post hereby reserves the right to reject any/all offers, and accept any/all offers it may consider most economical and advantageous to the Government.
3. Goods/Services supplied delivered shall be subject to the usual inspection by the Embassy's Internal Audit or duly authorized representative and
4. Payment will only be effective by strict compliance with the usual prescribed accounting and auditing requirements.
5. Quotations may be submitted to auh.propertyrecords@gmail.com and deadline of submission of quotations are on 27 February 2025.

Unit	Items Description	Quantity	Unit Cost	Total Cost 5% VAT
pc	2025 Passenger Van with a total cost not exceeding AED 263,000.00	1		
	Minimum Requirements: Engine and Power: Engine Capacity: 3.5 liters (maximum) Cylinders: 6(maximum) Drive Type: Rear-wheel Drive is preferred; FWD is also acceptable Fuel Tank Capacity: 65 liters (minimum) Fuel Type: Petrol is preferred; Diesel is also acceptable Horsepower: 278 HP/6000 rpm (maximum) Transmission: 6-speed Automatic (minimum) Top Speed: 150 km/h (minimum)			
	Please provide a quotation that includes: <ul style="list-style-type: none"> • Make and model of the passenger van to meet these specifications. • Price of the van. • Available colors. • Warranty and insurance information. • Availability or estimated delivery time. • Any other relevant information. 			
xxxx NOTHING FOLLOWS xxxxxxx				
			Total Amount:	
COMPANY NAME / SUPPLIER:				
CONTACT PERSON:				
ADDRESS AND TELEPHONE NUMBER:				
Signature : Printed Name: Designation:	Requested by:  ALBERT M. FRANCIA Property Officer	Approved by:  ARVIC V. AREVALO BAC Chairperson		