

REQUEST FOR QUOTATION (Small Value Procurement)

Company Name : _____ Date: _____
Address : _____ Quotation No. **CWD 32-2026**
Tel. No./Fax No. : _____ End-User: Operations Department
T.I.N. : _____

Please quote your lowest price on the item(s) listed, subject to the Terms and Condition stated below and in a sealed envelope submit your quotation duly signed by authorized representative;

Activities	Date and Time	Place / Venue
Opening of Requests for Quotation	July 08, 2026 @ 03:00pm	3 rd Floor CWD Training Room, Lakeview Subdivision, Barangay Halang, Calamba City, Laguna

ENGR. JOSELITO A. GILLERA
BAC Chairperson

TERMS AND CONDITIONS:

1. ALL ENTRIES SHALL BE TYPEWRITTEN
2. COMMENCEMENT SHALL BE FOR A PERIOD OF **ONE (1) MONTH** UPON RECEIPT OF THE APPROVED PURCHASE ORDER.
3. PRICE VALIDITY SHALL BE FOR A PERIOD OF THIRTY (30) CALENDAR DAYS
4. THE APPROVED BUDGET FOR THE CONTRACT IS AMOUNTING TO **PHP 230,830.68**
(BID EXCEEDING THE ABC SHALL BE AUTOMATICALLY DISQUALIFIED)
5. ALL PAGES OF THE SUBMITTED DOCUMENTS MUST BE SIGNED BY THE AUTHORIZED REPRESENTATIVE/S
6. ELECTRONIC SUBMISSION IS NOT ALLOWED

DOCUMENTARY REQUIREMENTS SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION:

1. PHILGEPS CERTIFICATE OF PLATINUM MEMBERSHIP (all pages)
2. Registration Certificate (SEC) / DTI Certificate
3. Mayor's/Business Permit
4. Tax Clearance as per E.O 398, s-2005
5. Latest six (6) month's income tax returns filed and paid through the BIR Electronic Filing and Payment System (eFPS)
6. Latest two (2) quarter's business tax returns (VAT Payments) filed and paid through the BIR Electronic Filing and Payment System (eFPS).
7. OMNIBUS SWORN STATEMENT (as per RA 12009 Standard Format)
8. BIR Certificate of Registration
9. Compliance with the Scope of Works

Item No.	ITEM/DESCRIPTION	Qty.	Unit	Unit Cost	Total Amount
Calibration and Preventive Maintenance of the following;					
	CALIBRATION				
1	Oven	1	unit		
2	Bio-Safety Cabinet	1	unit		
3	Incubator	2	unit		
4	Precision Water Bath	1	unit		
5	Autoclave	2	unit		
6	Digital Weighing Balance	1	unit		
7	Programmable Peristaltic Pump	1	unit		
8	Pharma Refrigerator	1	unit		
9	pH Meter, Benchtop	2	unit		
10	Thermohygrometer	2	unit		
11	Alcohol Thermometer	3	unit		
12	Test Weights for 1Kg.	1	unit		
13	Glassware's	1	lot		
	PREVENTIVE MAINTENANCE				
1	Oven	1	unit		
2	Bio-Safety Cabinet	1	unit		
3	Incubator	2	unit		
4	Precision Water Bath	1	unit		
5	Autoclave	2	unit		
6	Digital Weighing Balance	1	unit		
7	Programmable Peristaltic Pump	1	unit		
8	Pharma Refrigerator	1	unit		
9	pH Meter, Benchtop	2	unit		
10	Thermohygrometer	2	unit		
11	Alcohol Thermometer	3	unit		
	Nothing Follows				

Php

Brand and Model : _____
 Delivery Period : _____
 Warranty : _____
 Price Validity : _____

After having carefully read and accepted your General Conditions, I/We quote on the item(s) at prices noted above.

 Printed Name/Signature/Date

 Tel. No. /Cellphone No./ e-mail address