



Calamba Water District


Lakeview Subdivision, Halang, Calamba, Laguna
Tel. Nos. 545-1614, 545-2728, 545-7895, 545-1389, 545-7981, 545-2863
Fax: (049) 545-9752

REQUEST FOR QUOTATION (Small Value Procurement)

Company Name : _____ Date: _____
Address : _____ Quotation No. CWD 32-2021
Tel. No./Fax No. : _____ End-User: Production 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 submits your quotation duly signed by authorized representative;

Activities	Date and Time	Place / Venue
Opening of Requests for Quotation	April 29, 2021 @ 04:00pm	2 nd floor CWD Warehouse Building, Lakeview Subdivision, Barangay Halang Calamba City


ENGR. JOSELITO A. GILLERA
BAC Chairman

TERMS AND CONDITIONS:

1. ALL ENTRIES SHALL BE TYPEWRITTEN
2. COMMENCEMENT SHALL BE FOR A PERIOD OF **ONE (1) TO FOUR (4) WEEKS** 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 95,395.00** (BID EXCEEDING THE ABC SHALL BE AUTOMATICALLY DISQUALIFIED)
5. ALL PAGES OF THE SUBMITTED DOCUMENTS MUST BE SIGNED BY THE AUTHORIZED REPRESENTATIVE/S
6. ANY MISSING DOCUMENT IS A GROUND FOR DISQUALIFICATION
7. ELECTRONIC SUBMISSION IS ALLOWED DUE TO PANDEMIC

DOCUMENTARY REQUIREMENTS SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION:

1. PHILGEP'S CERTIFICATE OF PLATINUM MEMBERSHIP
2. Registration Certificate (SEC) / DTI Certificate
3. Mayor's/Business Permit or its Equivalent
4. Tax Clearance
5. Latest six (6) month's income tax returns filed and paid through the BIR Electronic Filing and Payment System (eFPS) for the period of **October 2020 to March 2021 or September 2020 to February 2021.**
6. Latest six (6) month's business tax returns (VAT Payments) filed and paid through the BIR Electronic Filing and Payment System (eFPS) for the period of **October 2020 to March 2021 or September 2020 to February 2021.**
7. OMNIBUS SWORN STATEMENT (as per RA 9184 Standard Format)

Item no.	ITEM & DESCRIPTION/ TECHNICAL SPECIFICATION	QTY.		UNIT AMOUNT	TOTAL AMOUNT
Calibration and Preventive Maintenance of Various Laboratory Equipment and Bio-Safety Cabinet (SVP)					
1. Calibration of Laboratory Equipment					
1	Incubator	2	Units	2,112.00	4,224.00
2	Precision Water Bath	1	Unit	2,112.00	2,112.00
3	Autoclave	1	Unit	6,720.00	6,720.00
4	Digital Weighing Balance	1	Unit	2,112.00	2,112.00
5	Programmable Peristaltic Pump	1	Unit	4,400.00	4,400.00
6	Pharma Refrigerator	1	Unit	2,112.00	2,112.00
7	pH Meter	1	Unit	4,415.00	4,415.00
8	Conductivity Meter	1	Unit	4,800.00	4,800.00
9	Bio-Safety Cabinet	1	Unit	15,000.00	15,000.00
2. Preventive Maintenance of Laboratory Equipment					
10	Incubator	2	Units	3,000.00	6,000.00
11	Precision Water Bath	1	Unit	3,000.00	3,000.00
12	Autoclave	1	Unit	6,500.00	6,500.00
13	Digital Weighing Balance	1	Unit	3,000.00	3,000.00
14	Programmable Peristaltic Pump	1	Unit	5,000.00	5,000.00
15	Pharma Refrigerator	1	Unit	3,000.00	3,000.00
16	pH Meter	1	Unit	4,000.00	4,000.00
17	Conductivity Meter	1	Unit	4,000.00	4,000.00
18	Bio-Safety Cabinet	1	Unit	15,000.00	15,000.00
	---nothing follows---				
APPROVED BUDGET FOR THE CONTRACT Php					95,395.00

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