REQUEST FOR QUOTATION
(Small Value Procurement)

Company Name : ___________________________  Date: ___________________________
Address : ____________________________________  Quotation No. CWD 87-2020
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 submit your quotation duly signed by authorized representative;

<table>
<thead>
<tr>
<th>Activities</th>
<th>Date and Time</th>
<th>Place / Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening of Requests for Quotation</td>
<td>December 04, 2020 @ 01:00pm</td>
<td>2nd floor CWD Warehouse Building, Lakeview Subdivision, Barangay Halang Calamba City</td>
</tr>
</tbody>
</table>

MR. EDWIN L. CARTAGO
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 153,552.00 (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 NOT ALLOWED

DOCUMENTARY REQUIREMENTS SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION:
1. PHILGEPS CERTIFICATE OF PLATINUM MEMBERSHIP
2. Registration Certificate (SEC) / DTI Certificate
3. Mayor's/Business Permit or its Equivalent
4. Tax Clearance
5. Audited Financial Statements
   - Auditor's Certificate
   - Income Statement
   - Balance Sheet
   - Notes to Financial Statement
6. Latest six (6) month's income tax returns filed and paid through the BIR Electronic Filing and Payment System (eFPS)
7. Latest six (6) month's business tax returns (VAT Payments) filed and paid through the BIR Electronic Filing and Payment System (eFPS)
8. OMNIBUS SWEARING STATEMENT (as per RA 9184 Standard Format)
<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>ITEM &amp; DESCRIPTION/TÉCHNICAL SPECIFICATION</th>
<th>QTY.</th>
<th>UNIT</th>
<th>UNIT AMOUNT</th>
<th>TOTAL AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Supply and Delivery of Chlorine Dioxide Test Kit and Chlorine Test Kit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Chlorine Dioxide Test Kit</td>
<td>2</td>
<td>units</td>
<td>38,388.00</td>
<td>76,776.00</td>
</tr>
<tr>
<td>2</td>
<td>Chlorine Test Kit</td>
<td>2</td>
<td>units</td>
<td>38,388.00</td>
<td>76,776.00</td>
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<tr>
<td></td>
<td><strong>APPROVED BUDGET FOR THE CONTRACT</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>153,552.00</strong></td>
</tr>
</tbody>
</table>

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