



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) (2nd Posting)

Company Name : _____ Date: _____
Address : _____ Quotation No. CWD 05-2021
Tel. No./Fax No. : _____ End-User: Administrative 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	January 26, 2021@ 01:00pm	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 119,105.00** (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 SWORN STATEMENT (as per RA 9184 Standard Format)

Item no.	ITEM & DESCRIPTION/ TECHNICAL SPECIFICATION	QTY.		UNIT AMOUNT	TOTAL AMOUNT
	Supply and Delivery of IWASH Covit Kit;				
1	Isoprophyl Alcohol 500ml	287	Bottles	115.00	33,005.00
2	Bath Soap White 135g 3s Tipid Pack	287	Packs	135.00	38,745.00
3	Face Towel (Small)	287	Pcs	25.00	7,175.00
4	Health Kit Pouch (Small)	287	Pcs	50.00	14,350.00
5	Detergent Powder Twin Pack (6 Sachet)	287	Packs	90.00	25,830.00
	nothing follows				
APPROVED BUDGET FOR THE CONTRACT				Php	119,105.00

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