

## Calamba Water District

Lakeview Subdivision, Halang, Calamba City, Laguna Tel. Nos. 545-1614; 545-2863; 545-2728; 545-7895; Fax No. 545-9752 www.cwd.com.ph



ISO Certificate Registration No. PHP QMS 21 93 0047

<b>REQUEST I</b>	FOR QUO	TATION
(Small Vale	ue Procui	rement)

Company Name	:	 Date:
Address	:	 Quotation No. CWD 50-2021
		 End-User: Administrative Department
Tel. No./Fax No.	:	
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	June 25, 2021 @	2 <sup>nd</sup> floor CWD Warehouse Building, Lakeview Subdivision,
Quotation	04:00 p.m.	Barangay Halang Calamba City

ENGR. JOSELITO A GILLERA
BAC Chairman

## **TERMS AND CONDITIONS:**

- 1. ALL ENTRIES SHALL BE TYPEWRITTEN
- 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
  THE APPROVED BUDGET FOR THE CONTRACT IS AMOUNTING TO **Php 113,500.00**(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

## 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
- Latest six (6) month's income tax returns filed and paid through the BIR Electronic Filing and Payment System (eFPS) for the period of December 2020 to May 2021 or November 2020 to April 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 **December 2020 to May 2021 or November 2020 to April 2021.**
- 7. OMNIBUS SWORN STATEMENT (as per RA 9184 Standard Format)

ltem No.	Item Description	Qty.	Unit	Unit Cost	Total Amount
1	Supply and Delivery of Hot and Cold Travel Vacuum Cup / Tumbler (650 ml – Assorted Color)	227	Pcs	500.00	113,500.00
	Approved Bu	dget fo	r the Cont	ract Php	113,500.00

Brand and Model	:		
Delivery Period	:		
Warranty	:		
Price Validity	:		
After having carefull noted above.	y read and	accepted your General Conditions, I/We quote on the item(s) at pric	es
Printed Name/Signat	 ture/Date		
Tel. No. /Cellphone N		· • • • • • • • • • • • • • • • • • • •	