



# 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](http://www.cwd.com.ph)




ISO Certificate Registration No. PHP QMS 21 93 0047

## REQUEST FOR QUOTATION (Small Value Procurement)

Company Name : \_\_\_\_\_ Date: \_\_\_\_\_  
 Address : \_\_\_\_\_ Quotation No. CWD 57-2021  
 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	July 28, 2021 @ 10:00 am	2 <sup>nd</sup> 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 619,200.00** (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
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 **January 2021 to June 2021 or December 2020 to May 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 **January 2021 to June 2021 or December 2020 to May 2021.**
7. OMNIBUS SWORN STATEMENT (as per RA 9184 Standard Format)

Item No.	Item Description / Technical Specifications	Qty.	Unit	Unit Amount	Total Amount
<b>Supply and Delivery of the following;</b>					
1	Surgical Face Mask 3 Ply	600	boxes	100.00	60,000.00
2	Face Shield	900	boxes	20.00	18,000.00
3	Digital Thermometer	300	pieces	79.00	23,700.00
4	Sodium Ascorbate Zinc (ImmunoPro) Box of 100s	300	boxes	800.00	240,000.00
5	Alcohol 70% Isoprophyl 500ml	900	bottles	110.00	99,000.00
6	Bath Soap - 3pcs x 85g	300	packs	110.00	33,000.00
7	Liquid Hand Soap 450ml	300	bottles	110.00	33,000.00
8	Aero Spray 70ml	300	cans	300.00	90,000.00
9	8-1/2" x 13" Off-White Eco Bag with 3"x3" Logo on Center	300	pieces	55.00	16,500.00
10	Alcohol Spray Bottle	300	pieces	20.00	6,000.00
<b>APPROVED BUDGET FOR THE CONTRACT</b>				<b>Php</b>	<b>619,200.00</b>

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