



# 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



## REQUEST FOR QUOTATION {Small Value Procurement – 2<sup>nd</sup> Posting}

Company Name : \_\_\_\_\_ Date: \_\_\_\_\_  
Address : \_\_\_\_\_ Quotation No. CWD 47-2021  
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 submit your quotation duly signed by authorized representative;**

Activities	Date and Time	Place / Venue
Opening of Requests for Quotation	June 25, 2021 @ 01:00 p.m.	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 141,324.50** (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 **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)

Item No.	Item Description	Qty.	Unit	Unit Cost	Total Amount
<b>Supply and Delivery of;</b>					
1	Glycine Reagent 10% SCBD (29 ml per bottle)	24	Bottles	1,979.25	47,502.00
2	DPD Free Chlorine Reagent (Powder Pillows)	50	Pack	1,876.45	93,822.50
<b>Approved Budget for the Contract</b>				<b>Php</b>	<b>141,324.50</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