



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



PHP QMS 21 93 0047

REQUEST FOR QUOTATION (Small Value Procurement)

Company Name : _____ Date: _____
 Address : _____ Quotation No. **CWD 33-2024**
 Tel. No./Fax No. : _____ End-User: **Operations 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 05, 2024 @ 02:00pm	3 rd Flor CWD Training Room, Lakeview Subdivision, Barangay Halang Calamba City

MR. EDWIN L. CARTAGO
BAC Chairperson

TERMS AND CONDITIONS:

1. ALL ENTRIES SHALL BE TYPEWRITTEN
2. COMMENCEMENT SHALL BE FOR A PERIOD OF **ONE (1) WEEK** BASED ON THE SCHEDULE OF REQUIREMENTS 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 166,058.62** (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
4. Tax Clearance
5. Latest six (6) month's income tax returns filed and paid through the BIR Electronic Filing and Payment System (eFPS)
6. Latest two (2) quarter's business tax returns (VAT Payments) filed and paid through the BIR Electronic Filing and Payment System (eFPS).
7. OMNIBUS SWORN STATEMENT (as per RA 9184 Standard Format)
8. BIR Certificate of Registration
9. Compliance with the Scope of Works

Item No.	Calibration and Preventive Maintenance of Various Laboratory Equipment and Repair of One (1) Unit Auto Clave				
	CALIBRATION	Qty.	Unit	Unit Amount	Total Amount
1	Incubator	2	Unit		
2	Precision Water Bath	1	Unit		
3	Autoclave	1	Unit		
4	Digital Weighing Balance	1	Unit		
5	Programmable Peristaltic Pump	1	Unit		
6	Pharma Refrigerator	1	Unit		
7	pH Meter, Bench Top	1	Unit		
8	Conductivity Meter	1	Unit		
9	Thermohygrometer	2	Unit		
10	Alcohol Thermometer	2	Unit		
11	Freezer Thermometer	1	Unit		
	PREVENTIVE MAINTENANCE				
1	Incubator	2	Unit		
2	Precision Water Bath	1	Unit		
3	Autoclave	2	Unit		
4	Digital Weighing Balance	1	Unit		
5	Programmable Peristaltic Pump	1	Unit		
6	Pharma Refrigerator	1	Unit		
7	pH Meter, Bench Top	1	Unit		
8	Conductivity Meter	1	Unit		
9	Thermohygrometer	2	Unit		
10	Alcohol Thermometer	2	Unit		
11	Freezer Thermometer	1	Unit		
	REPAIR				
1	Autoclave	1	Unit		
	Nothing Follows				
	Approved Budget for the Contract Php				

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