



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

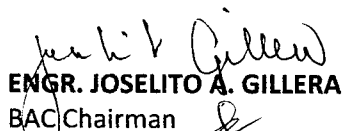


REQUEST FOR QUOTATION (Small Value Procurement)

Company Name : _____ Date: _____
Address : _____ Quotation No. CWD 39-2021
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	May 14, 2021@ 03:00pm	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 95,395.00** (BID EXCEEDING THE ABC SHALL BE AUTOMATICALLY DISQUALIFIED)
5. ALL PAGES OF THE SUBMITTED DOCUMENTS MUST BE SIGNED BY THE AUTHORIZED REPRESENTATIVE/S
6. **DOCUMENTARY REQUIREMENTS TOGETHER WITH THE FINANCIAL OFFER MAY BE SUBMITTED THROUGH EMAIL AT cwd_bac@yahoo.com DUE TO PANDEMIC** (THOSE SUBMITTED LATE SHALL BE AUTOMATICALLY DISQUALIFIED)
7. 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 **November 2020 to April 2021 or October 2020 to March 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 **November 2020 to April 2021 or October 2020 to March 2021.**
7. OMNIBUS SWORN STATEMENT (as per RA 9184 Standard Format)



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Item no.	ITEM & DESCRIPTION/ TECHNICAL SPECIFICATION	QTY.		UNIT AMOUNT	TOTAL AMOUNT
Calibration and Preventive Maintenance of Various Laboratory Equipment and Bio-Safety Cabinet (SVP)					
1. Calibration of Laboratory Equipment					
1	Incubator	2	Units	2,112.00	4,224.00
2	Precision Water Bath	1	Unit	2,112.00	2,112.00
3	Autoclave	1	Unit	6,720.00	6,720.00
4	Digital Weighing Balance	1	Unit	2,112.00	2,112.00
5	Programmable Peristaltic Pump	1	Unit	4,400.00	4,400.00
6	Pharma Refrigerator	1	Unit	2,112.00	2,112.00
7	pH Meter	1	Unit	4,415.00	4,415.00
8	Conductivity Meter	1	Unit	4,800.00	4,800.00
9	Bio-Safety Cabinet	1	Unit	15,000.00	15,000.00
2. Preventive Maintenance of Laboratory Equipment					
10	Incubator	2	Units	3,000.00	6,000.00
11	Precision Water Bath	1	Unit	3,000.00	3,000.00
12	Autoclave	1	Unit	6,500.00	6,500.00
13	Digital Weighing Balance	1	Unit	3,000.00	3,000.00
14	Programmable Peristaltic Pump	1	Unit	5,000.00	5,000.00
15	Pharma Refrigerator	1	Unit	3,000.00	3,000.00
16	pH Meter	1	Unit	4,000.00	4,000.00
17	Conductivity Meter	1	Unit	4,000.00	4,000.00
18	Bio-Safety Cabinet	1	Unit	15,000.00	15,000.00
---nothing follows---					
APPROVED BUDGET FOR THE CONTRACT Php					95,395.00

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