



# 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

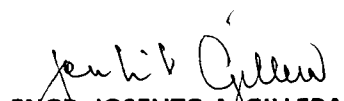


## REQUEST FOR QUOTATION (Small Value Procurement)

Company Name : \_\_\_\_\_ Date: \_\_\_\_\_  
Address : \_\_\_\_\_ Quotation No. CWD 37-2021  
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	May 14, 2021@ 01:00pm	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 499,000.00** (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](mailto: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



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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)

Item No.	Item Description/Technical Specifications	Qty.	Unit	Unit cost	Total Amount
<b>Supply, Delivery and Installation/ Commissioning of Thermal Scanner Equipment</b>					
1	Temperature Screening Face Terminal	2	Units	112,000.00	224,000.00
2	Screen Temperature with Monitor	1	Unit	275,000.00	275,000.00
<b>Approved Budget for the Contact Php</b>					<b>499,000.00</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