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

24/7 Public Service

PAB ACCREDITED QMS CERTIFICATION BODY

REQUEST FOR QUOTATION
(Small Value Procurement)

Company Name : _____ Date: _____
Address : _____ Quotation No. CWD 40-2022
_____ End-User: Commercial and Finance Department's
Tel. No./Fax No. : _____
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 24, 2022 @ 01:00pm	2nd 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 56,320.00** (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
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 six (6) month'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 Technical Specifications

Item No.	Item Description/Technical Specifications	Qty.	Unit	Unit cost	Total Amount
1	Supply and Delivery of Full Face Helmet	16	Pcs	3,520.00	56,320.00
	Approved Budget for the Contact Php				**56,320.00**

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