

# 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](http://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 89-2021  
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	November 24, 2021@ 02:00pm	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 346,500.00** (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 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 **May 2021 to October 2021 or April 2021 to September 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 **May 2021 to October 2021 or April 2021 to September 2021.**

7. OMNIBUS SWORN STATEMENT (as per RA 9184 Standard Format)
8. BIR Certificate of Registration

Item No.	Item Description/Technical Specifications	Qty.	Unit	Unit cost	Total Amount
1	Supply and Delivery of Calcium Hypochlorite (45kgs/pail)	63	Pails	5,500.00	346,500.00
<b>Approved Budget for the Contact Php</b>					<b>346,500.00</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