



Calamba Water District

Lakeview Subdivision, Halang, Calamba, Laguna
Tel. Nos. 545-1614, 545-2728, 545-7895, 545-1389, 545-7981, 545-2863
Fax: (049) 545-9752

REQUEST FOR QUOTATION (Small Value Procurement)

Company Name : _____ Date: _____
Address : _____ Quotation No. CWD 51-2020
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 submits your quotation duly signed by authorized representative;

Activities	Date and Time	Place / Venue
Opening of Requests for Quotation	September 23, 2020 @ 02:00pm	2 nd floor CWD Warehouse Building, Lakeview Subdivision, Barangay Halang Calamba City


MR. EDWIN L. CARTAGO
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 116,395.00**
(BID EXCEEDING THE ABC SHALL BE AUTOMATICALLY DISQUALIFIED)
5. ALL PAGES OF THE SUBMITTED DOCUMENTS MUST BE SIGNED BY THE AUTHORIZED REPRESENTATIVE/S
6. 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. Audited Financial Statements
 - Auditor's Certificate
 - Income Statement
 - Balance Sheet
 - Notes to Financial Statement
6. Latest six (6) month's income tax returns filed and paid through the BIR Electronic Filing and Payment System (eFPS)
7. Latest six (6) month's business tax returns (VAT Payments) filed and paid through the BIR Electronic Filing and Payment System (eFPS)
8. OMNIBUS SWORN STATEMENT (as per RA 9184 Standard Format)

Item no.	ITEM & DESCRIPTION/ TECHNICAL SPECIFICATION	QTY.		UNIT AMOUNT	TOTAL AMOUNT
	Calibration and Preventive Maintenance of Various Laboratory Equipment, Bio-Safety Cabinet Including the Repair and Maintenance of Autoclave:				
	1. Calibration of Laboratory Equipments				
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	Colony Counter	1	Unit	3,000.00	3,000.00
6	Programmable Peristaltic Pump	1	Unit	4,400.00	4,400.00
7	Pharma Refrigerator	1	Unit	2,112.00	2,112.00
8	pH Meter	1	Unit	4,415.00	4,415.00
9	Conductivity Meter	1	Unit	4,800.00	4,800.00
10	Bio-Safety Cabinet	1	Unit	15,000.00	15,000.00
	2. Preventive Maintenance of Laboratory Equipments				
11	Incubator	2	Units	3,000.00	6,000.00
12	Precision Water Bath	1	Unit	3,000.00	3,000.00
13	Autoclave	1	Unit	6,500.00	6,500.00
14	Digital Weighing Balance	1	Unit	3,000.00	3,000.00
15	Colony Counter	1	Unit	3,000.00	3,000.00
16	Programmable Peristaltic Pump	1	Unit	5,000.00	5,000.00
17	Pharma Refrigerator	1	Unit	3,000.00	3,000.00
18	pH Meter	1	Unit	4,000.00	4,000.00
19	Conductivity Meter	1	Unit	4,000.00	4,000.00
20	Bio-Safety Cabinet	1	Unit	15,000.00	15,000.00
21	3. Autoclave Repair ---nothing follows---	1	Unit	15,000.00	15,000.00
APPROVED BUDGET FOR THE CONTRACT Php					116,395.00

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