



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 42-2020
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	August 28, 2020 @ 10:00am	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 41,400.00** (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 Quotation may be submitted via email at **cwd_bac@yahoo.com** while the Enhanced/General Community Quarantine is in effect. (The original documents on the other hand must be submitted prior to award of contract)

DOCUMENTARY REQUIREMENTS SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION:

1. PHILGEPS CERTIFICATE OF PLATINUM MEMBERSHIP
2. Mayor's/Business Permit or its Equivalent
3. Latest six (6) month's income tax returns filed and paid through the BIR Electronic Filing and Payment System (eFPS)
4. Latest six (6) month's business tax returns (VAT Payments) filed and paid through the BIR Electronic Filing and Payment System (eFPS)
5. OMNIBUS SWORN STATEMENT (as per RA 9184 Standard Format)

Item no.	ITEM & DESCRIPTION/ TECHNICAL SPECIFICATION	QTY.		UNIT AMOUNT	TOTAL AMOUNT
1	Supply and Delivery of Face Shield ***nothing follows***	828	Pcs		
QUOTATION Php					

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