

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	: 14-111-1	Date:
Address	- i Maria de la compania de la comp	Quotation No. CWD 50-2018
		End-User: Administrative Department
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 submits your quotation duly signed by authorized representative;

Activities	Date and Time	Place / Venue			
Pre-bid Conference	November 5, 2018 @ 1:00pm	2 nd floor CWD Warehouse Building, Lakeview Subdivision, Baranga Halang Calamba City			
Opening of Request for Quotation	November 13, 2018 @ 1:00pm				

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 **Php223,550.00** (BID EXCEEDING THE ABC SHALL BE AUTOMATICALLY DISQUALIFIED)
- 5. ALL PAGES OF THE SUBMITTED DOCUMENTS MUST BE SIGNED BY THE AUTHORIZED REPRESENTATIVE/S

DOCUMENTARY REQUIREMENTS SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION:

- 1. PHILGEPS CERTIFICATE OF PLATINUM MEMBERSHIP
- 2. INCOME AND BUSINESS TAX RETURNS (VAT PAYMENT) LATEST SIX (6) MONTHS
- 3. OMNIBUS SWORN STATEMENT

Item No.	Item Description/Technical Specifications	Q	ty.	Unit Amount	Total Amount
	Supply and Delivery of Flu V	accine	(Fluarix	Quadrival	ent) (SVP)
1	Flu Vaccine	263	vials	850.00	223,550.00
	Approved Budget fo	r the (Contrac	t Php	223,550.00

SPECIFICATIONS

FLU VACCINATION

- 1 Inactivated "Split Virus" influenza vaccine (type A and B)
- 2 Contains a total of 60mcg hemagglutinin per 0.5ml dose.
- 3 Suspension for Immunization injection
- 4 May contain trace amounts of hydrocortisone, gentamicin, others; preservative free

Brand and Model	
Delivery Period	
Warranty	
Price Validity	
After having carefull	y read and accepted your General Conditions, I/We quote on the item(s) at prices noted above.
Printed Name/Signa	ture/Date
Tel. No. /Cellphone I	No./ e-mail address