REQUEST FOR QUOTATION
(Small Value Procurement) (5th Posting)

Company Name : ____________________________ Date: _______________________
Address : ____________________________ Quotation No. CWD 05-2020
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;

<table>
<thead>
<tr>
<th>Activities</th>
<th>Date and Time</th>
<th>Place / Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening of Requests for Quotation</td>
<td>February 03, 2020 @ 03:00pm</td>
<td>2nd floor CWD Warehouse Building, Lakeview Subdivision, Barangay Halang Calamba City</td>
</tr>
</tbody>
</table>

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 72,100.00 (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
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)
<table>
<thead>
<tr>
<th>Item no.</th>
<th>ITEM &amp; DESCRIPTION/ TECHNICAL SPECIFICATION</th>
<th>QTY.</th>
<th>UNIT AMOUNT</th>
<th>TOTAL AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(Supply and Delivery of Chlorination Equipment Accessories)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Chlorine Hose (for Metering Pump)</td>
<td>100</td>
<td>Mtrs.</td>
<td>150.00</td>
</tr>
<tr>
<td></td>
<td>4 x 9mm Braided</td>
<td>50</td>
<td>Mtrs.</td>
<td>150.00</td>
</tr>
<tr>
<td>3</td>
<td>Chlorine Hose (for Gas Chlorine)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>4 x 9mm – Black</td>
<td>88</td>
<td>Mtrs.</td>
<td>150.00</td>
</tr>
<tr>
<td>5</td>
<td>Muriatic Acid</td>
<td>20</td>
<td>Pcs</td>
<td>70.00</td>
</tr>
<tr>
<td></td>
<td>Chlorine Ejector for Seko Metering Pump</td>
<td>10</td>
<td>Units</td>
<td>3,500.00</td>
</tr>
</tbody>
</table>

---nothing follows---

APPROVED BUDGET FOR THE CONTRACT Php 72,100.00

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