REQUEST FOR QUOTATION  
(Small Value Procurement) 

Company Name: ___________________________ Date: ________________  
Address: ___________________________  
Tel. No./Fax No.: ___________________________  
T.I.N.: ___________________________  
Quotation No. CWD 48-2020  
End-User: Administrative Department 

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>September 23, 2020 @ 10:00am</td>
<td>2nd floor CWD Warehouse Building, Lakeview Subdivision, Barangay Halang Calamba City</td>
</tr>
</tbody>
</table>

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 408,000.00  
   (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)  
9. License to Operate from the Department of Health (DOH)
<table>
<thead>
<tr>
<th>Item no.</th>
<th>ITEM &amp; DESCRIPTION/ TECHNICAL SPECIFICATION</th>
<th>QTY.</th>
<th>UNIT</th>
<th>TOTAL AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Supply and Delivery of Flu Vaccine including Service of Vaccination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Quadrivalent Influenza Vaccine — Surface Antigen, Inactivated)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Flu Vaccine ---nothing follows----</td>
<td>272</td>
<td>Vials</td>
<td>1,500.00</td>
</tr>
</tbody>
</table>

**APPROVED BUDGET FOR THE CONTRACT** Php 408,000.00

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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