REQUEST FOR QUOTATION
(Small Value Procurement)

Company Name: ___________________________ Date: ___________________________
Address: _______________________________ Quotation No. CWD 50-2020
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;

<table>
<thead>
<tr>
<th>Activities</th>
<th>Date and Time</th>
<th>Place / Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening of Requests for</td>
<td>September 23, 2020 @</td>
<td>2nd floor CWD Warehouse Building, Lakeview Subdivision, Barangay</td>
</tr>
<tr>
<td>Quotation</td>
<td>01:00pm</td>
<td>Halang Calamba City</td>
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</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 400,000.00
   (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. Manufacturer Accreditation 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 AMOUNT</th>
<th>TOTAL AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Supply of Labor and Materials for the Installation of Misting Booth / Full Body Disinfection System <em><strong>nothing follows</strong></em></td>
<td>1 unit</td>
<td>400,000.00</td>
<td>400,000.00</td>
</tr>
</tbody>
</table>

**APPROVED BUDGET FOR THE CONTRACT** PhP 400,000.00

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