



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

Company Name : _____ Date: _____
 Address : _____ Quotation No. CWD 42-2017
 _____ End-User: Production 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 |
|-----------------------------------|-------------------------|--|
| Opening of Requests for Quotation | August 7, 2017 @ 3:00PM | 2 nd floor CWD Warehouse Building, Lakeview Subdivision, Barangay Halang Calamba City |


ENGR. JOSELITO A. GILLERA
 BAC Chairman

TERMS AND CONDITIONS:

1. ALL ENTRIES SHALL BE TYPEWRITTEN
2. SCHEDULE OF WORK SHALL COMMENCE 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 **Php111,921.00**
 (BID EXCEEDING THE ABC SHALL BE AUTOMATICALLY DISQUALIFIED)

DOCUMENTARY REQUIREMENTS SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION:

1. PHILGEPS REGISTRATION CERTIFICATE OR REGISTRATION NUMBER
2. MAYOR'S/BUSINESS PERMIT
3. INCOME AND BUSINESS TAX RETURNS (VAT PAYMENT) LATEST SIX (6) MONTHS
4. OMNIBUS SWORN STATEMENT

| Item no. | ITEM & DESCRIPTION/ TECHNICAL SPECIFICATION | QTY. | UNIT | UNIT AMOUNT | TOTAL AMOUNT |
|----------|---|------|-------|-------------|--------------|
| 1 | Calibration of Equipments | | | | |
| | 1.Incubator | 2 | units | 1,936.00 | 3,872.00 |
| | 2.Precision Water Bath | 1 | unit | 1,936.00 | 1,936.00 |
| | 3.Autoclave | 2 | units | 6,160.00 | 12,320.00 |
| | 4.Digital Weighting Balance | 1 | unit | 1,936.00 | 1,936.00 |
| | 5.Colony Counter | 1 | unit | 4,048.00 | 4,048.00 |
| | 6.Bio-Safety Cabinet | 1 | unit | 14,025.00 | 14,025.00 |
| | 7.Programmable Perostatic Pump | 1 | unit | 4,400.00 | 4,400.00 |
| | 8.Pharma Refrigerator | 1 | unit | 1,936.00 | 1,936.00 |
| | 9.Ph Meter | 1 | unit | 4,048.00 | 4,048.00 |
| | 10.Conductivity Meter | 1 | unit | 4,400.00 | 4,400.00 |

| Item no. | ITEM & DESCRIPTION/ TECHNICAL SPECIFICATION | QTY. | | UNIT AMOUNT | TOTAL AMOUNT |
|----------|--|--------------|-------|-------------|-------------------|
| 2 | Preventive Maintenance of Laboratory Equipments | | | | |
| | 1.Incubator | 2 | units | 3,000.00 | 6,000.00 |
| | 2.Precision Water Bath | 1 | unit | 3,000.00 | 3,000.00 |
| | 3.Autoclave | 2 | units | 6,500.00 | 13,000.00 |
| | 4.Digital Weighting Balance | 1 | unit | 3,000.00 | 3,000.00 |
| | 5.Colony Counter | 1 | unit | 3,000.00 | 3,000.00 |
| | 6.Bio-Safety Cabinet | 1 | unit | 15,000.00 | 15,000.00 |
| | 7.Programmable Perostatic Pump | 1 | unit | 5,000.00 | 5,000.00 |
| | 8.Pharma Refrigerator | 1 | unit | 3,000.00 | 3,000.00 |
| | 9.Ph Meter | 1 | unit | 4,000.00 | 4,000.00 |
| | 10.Conductivity Meter | 1 | unit | 4,000.00 | 4,000.00 |
| | *****nothing follows***** | | | | |
| | | TOTAL | | | 111,921.00 |

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