CALAMBA WATER DISTRICT

Lakeview Subdivision, Halang, Calamba City, Laguna
Tel. Nos. 545-1614; 545-2863; 545-2728; 545-7895; Fax No. 545-9752
www.cwd.com.ph

PHP QMS 21 93 0047

REQUEST FOR QUOTATION
(Small Value Procurement)

Company Name : _____
Address : _____
_____
Tel. No./Fax No. : _____
T.I.N. : _____

Date: _____
Quotation No. **CWD 64-2026**
End-User: Operations Department

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;

Activities	Date and Time	Place / Venue
Opening of Requests for Quotation	**November 11, 2026 @ 01:00pm**	3rd Floor CWD Training Room, Lakeview Subdivision, Barangay Halang, Calamba City

ENGR. JOSELITO A. GILLERA
BAC Chairperson

TERMS AND CONDITIONS:

1. ALL ENTRIES SHALL BE TYPEWRITTEN
2. COMMENCEMENT SHALL BE FOR A PERIOD OF **ONE (1) MONTH** 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 300,000.00** (BID EXCEEDING THE ABC SHALL BE AUTOMATICALLY DISQUALIFIED)
5. ALL PAGES OF THE SUBMITTED DOCUMENTS MUST BE SIGNED BY THE AUTHORIZED REPRESENTATIVE/S
6. ELECTRONIC SUBMISSION IS NOT ALLOWED

DOCUMENTARY REQUIREMENTS SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION:

1. PHILGEPS CERTIFICATE OF PLATINUM MEMBERSHIP (all pages)
2. Registration Certificate (SEC) / DTI Certificate
3. Mayor's/Business Permit
4. Tax Clearance as per E.O 398, s-2005
5. Latest six (6) month's income tax returns filed and paid through the BIR Electronic Filing and Payment System (eFPS)
6. Latest two (2) quarter's business tax returns (VAT Payments) filed and paid through the BIR Electronic Filing and Payment System (eFPS).
7. OMNIBUS SWORN STATEMENT (as per RA 12009 Standard Format)
8. BIR Certificate of Registration
9. Compliance with the Technical Specifications

Item No.	ITEM/DESCRIPTION	Qty.	Unit	Unit Cost	Total Amount
1	**Sodium Hypochlorite (20kg/pail)**	500	pail	600.00	300,000.**00**
	Nothing Follows				

Approved Budget for the Contract Php **300,000.00**

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