



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 : _____ Date: _____
 Address : _____ Quotation No. CWD 07-2023
 _____ End-User: TECHNICAL SERVICES
 _____ 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 submit your quotation duly signed by authorized representative;

Activities	Date and Time	Place / Venue
Opening of Requests for Quotation	March 01, 2023 @ 01:00pm	5 th floor CWD Admin Building, Lakeview Subdivision, Barangay Halang Calamba City

ENGR. JOSELITO A. GILLERA
BAC Chairperson

TERMS AND CONDITIONS:

- ALL ENTRIES SHALL BE TYPEWRITTEN
- COMMENCEMENT SHALL BE FOR A PERIOD OF **ONE (1) TO FOUR (4) WEEKS** UPON RECEIPT OF THE APPROVED PURCHASE ORDER.
- PRICE VALIDITY SHALL BE FOR A PERIOD OF THIRTY (30) CALENDAR DAYS
- THE APPROVED BUDGET FOR THE CONTRACT IS **Php 723,641.71**
(BID EXCEEDING THE ABC SHALL BE AUTOMATICALLY DISQUALIFIED)
- ALL PAGES OF THE SUBMITTED DOCUMENTS MUST BE SIGNED BY THE AUTHORIZED REPRESENTATIVE/S
- ANY MISSING DOCUMENT IS A GROUND FOR DISQUALIFICATION
- ELECTRONIC SUBMISSION IS NOT ALLOWED

DOCUMENTARY REQUIREMENTS SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION:

- PHILGEPS CERTIFICATE OF PLATINUM MEMBERSHIP
- Registration Certificate (SEC) / DTI Certificate
- Mayor's/Business Permit or its Equivalent
- Tax Clearance
- Latest six (6) month's income tax returns filed and paid through the BIR Electronic Filing and Payment System (eFPS).
- Latest six (6) month's business tax returns (VAT Payments) filed and paid through the BIR Electronic Filing and Payment System (eFPS)
- OMNIBUS SWORN STATEMENT (as per RA 9184 Standard Format)
- BIR Certificate of Registration
- Compliance with the Technical Specifications

ITEM NO.	ITEM & DESCRIPTION/ TECHNICAL SPECIFICATION	QTY.	UNIT	UNIT AMOUNT	TOTAL AMOUNT
Supply and Delivery of Compression Fittings (No Loose Compression)					
1	12mm (1/2") Male Adaptor	250	pcs		
2	19mm (3/4") Male Adaptor	250	pcs		
3	50mm (2") Male Adaptor	50	pcs		
4	25mm (1") Female Adaptor	100	pcs		
5	50mm (2") Female Adaptor	156	pcs		
6	12mm (1/2") Union Coupling	200	pcs		
7	19mm (3/4") Union Coupling	200	pcs		
8	25mm (1") Union Coupling	200	pcs		
9	50mm (2") Union Coupling	50	pcs		
10	25mm x 25mm x 25mm (3/4") Tee	15	pcs		
nothing follows					
				QUOTATION	Php

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