

REQUEST FOR QUOTATION (Small Value Procurement)

Company Name : _____ Date: _____
Address : _____ Quotation No. **CWD 05-2026**
Tel. No./Fax No. : _____ End-User: Operations 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;

Activities	Date and Time	Place / Venue
Opening of Requests for Quotation	April 22, 2026 @ 01:00pm	3 rd Floor CWD Training Room, 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) YEAR** BASED ON THE SCHEDULE OF REQUIREMENTS 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 AMOUNTING TO **PHP 1,107,480.00**
(BID EXCEEDING THE ABC SHALL BE AUTOMATICALLY DISQUALIFIED)
- ALL PAGES OF THE SUBMITTED DOCUMENTS MUST BE SIGNED BY THE AUTHORIZED REPRESENTATIVE/S
- ELECTRONIC SUBMISSION IS NOT ALLOWED

DOCUMENTARY REQUIREMENTS SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION:

- PHILGEPS CERTIFICATE OF PLATINUM MEMBERSHIP (all pages)
- Registration Certificate (SEC) / DTI Certificate
- Mayor's/Business Permit
- Tax Clearance as per E.O 398, s-2005
- Latest six (6) month's income tax returns filed and paid through the BIR Electronic Filing and Payment System (eFPS)
- Latest two (2) quarter's business tax returns (VAT Payments) filed and paid through the BIR Electronic Filing and Payment System (eFPS).
- OMNIBUS SWORN STATEMENT (as per RA 12009 Standard Format)
- BIR Certificate of Registration
- Compliance with the Terms of Reference
- Department of Health (DOH) Certification (For Drinking Water Analysis)
- Certificate Of Philippine Accreditation Bureau (PAB-DTI) (Accredited Testing Laboratory)

Item No.	Item Description	Qty.	Unit	Unit Cost	Total Amount
Supply of Services for the Conduct of the following;					
1	Microbiological Test (27 samples/month)	324	Samples		
2	Physical & Chemical Test 11 parameters, 90 samples (semi-annually)	180	Samples		
3	Arsenic Test (5 samples/month)	60	Samples		

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