



**REQUEST FOR QUOTATION**

PR No. : 0222-004

DATE : \_\_\_\_\_

JO No. : \_\_\_\_\_

Name of Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Business Permit No: \_\_\_\_\_  
 TIN No.: \_\_\_\_\_

Please quote your best offer for the item/s described below, subject to the Terms and Conditions provided at the dorsal portion of this Request for Quotation. Submit your quotation duly signed by you or your duly authorized representative not later than \_\_\_\_\_, 2022.

JINNY P. MORENO  
 Procurement Assistant A

After having carefully read and accepted the Terms and Conditions below, I/we submit our quotation/s for the item/s as follows:

ITEM #	ITEM DESCRIPTION	Approved Budget of the Contract	OFFER						REMARKS	
			PRICE				Compliance with technical specifications			
			QTY.	UNIT	UNIT PRICE	TOTAL	YES	NO		
	Php: _____	<b>0.00</b>								
1	CHLORINE, Chlorine Gas Cylinder	5,168.00	KG					<input type="checkbox"/>	<input type="checkbox"/>	

GRAND TOTAL: \_\_\_\_\_

Signature Over Printed Name: \_\_\_\_\_

Contact Number (Landline/Cellphone)/Email Address \_\_\_\_\_

**Please submit the following requirements:**

- Mayor's Permit
- Professional License/Curriculum (Consulting Services)
- Philgeps Registration Number
- PCAB License (Infra)
- Income Business Tax Return
- Omnibus Sworn Statements

**OTHER TERMS AND CONDITIONS:**

- The mode of payment is within  Six (6) months  Three (3) months  Two (2) months  One (1) month.
- Bidders shall provide correct and accurate information required in this form.
- Bidders may quote for any at all times except for one (1) lot requisition.
- Price quotation/s must have:
  - validity - Thirty (30) Calendar days
  - inclusion of tax
  - Quotations exceeding the Approved Budget for the Contract shall be rejected.
  - Award of contract shall be made to the lowest quotation ( for goods and services )



Republic of the Philippines  
**METRO KIDAPAWAN WATER DISTRICT**  
 Lanao, Kidapawan City  
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 Website: [www.metrokidapawanwd.gov.ph](http://www.metrokidapawanwd.gov.ph)

**"Committed to Service, Development and Self-Reliance"**  
 OFFICE OF THE ASSISTANT GENERAL MANAGER FOR OPERATIONS



ISO 9001:2015 Certified  
 Cert. No. 66478

### TERMS OF REFERENCE

<b>PURPOSE</b>		For Water Treatment Operations for CY 2022	
<b>PARTICULARS</b>		<input checked="" type="checkbox"/> PR <input type="checkbox"/> JO No.:	0222 - 004
		Date:	01/21/2022
<b>ITEMS, SPECIFICATIONS, AND DESCRIPTIONS</b>			
<b>ITEM 1 - CHLORINE GAS</b>		<b>ITEM 2 - CHLORINE GRANULES</b>	
SPECIFICATIONS:		SPECIFICATIONS:	
1 5168 KG		1	
2 99% CHLORINE		2	
3 PACKAGE IN CYLINDERS OF 68 KG PER TANK		3	
4 WITH MATERIAL SAFETY DATA SHEET (MSDS)		4	
<i>Note: For more than 6 items attach separate TOR Form. For More specifications attach necessary supporting document/s.</i>			
<b>SOURCE OF FUND</b>		APP/PPMP Item No.:	760
		Account No.:	760
<b>MODES AND TERMS OF PAYMENT</b>		Payable within 30 days per partial delivery	
<b>REQUIRED SERVICES</b>			
<input checked="" type="checkbox"/> Free Delivery <input type="checkbox"/> Free Product Demonstration <input type="checkbox"/> Free Installation		Others specify:	
<b>REQUIRED CERTIFICATIONS/ PERMITS</b>		Business Permit, PhilGEPS Registration	
		N/A	
<b>QUALIFICATIONS</b>		N/A	
		N/A	
<b>AREA OF DELIVERY</b>		Manongol Reservoir - Chemical Storage	
<b>DATE OF DELIVERY</b>		Monday - Friday	
<b>TIME OF DELIVERY</b>		8am - 5pm	
<b>WARRANTY PERIOD</b>		N/A	
<b>RETENTION</b>		Amount:	N/A
		Duration:	N/A
<b>TAX INCLUSIVE</b>		YES.	
<b>OTHER CONDITIONS AND CONSTRAINTS</b>			
1. For return and replacement if item/s do not conform to end-user standards.			
2. Inclusive of hauling.			
<b>Prepared by:</b>		<b>Reviewed by:</b>	
 <b>GUILLERMO B. BACLAYON</b> Division Manager - GSP		 <b>MYRNA R. VICTORIA, MBA</b> Department Manager - AHR	
<b>Noted by:</b>		<b>Approved/Disapproved by:</b>	
 <b>WILESPER LISANDRO M. ALQUEZA, CE/RMP/MBA</b> Material Standards Committee Chairman		 <b>STELLA M. GONZALES, MPS</b> General Manager	