

Lango, Kidapawan City
Tel nos. (064)577-1533, 577-1865, Fax # (064) 572-5555
E-mail Address: metrokidapawan wd@yahoo.com
Website: www.metrokidapawanwd.gov.ph
"Cammilted to Service, Development and Self-Reliance"





Page 1 of 3

| L | | REQUE | ST FO | R QUO | NOITATO | | | | |
|---|--|---|---------------------|---------|---|-------------------------------|--|----------|--|
| PR No. : | 0700 0000 | | | | | | D | ATE : | |
| JO No. : | 0722-0009 | | | | | | | • | |
| Name of (Address: | Company: | | | | | | | | |
| | Permit No: | | | | | | | | |
| ΠN No.: | | *************************************** | | | | | | - | |
| dorsal p not late | Please quote your best offer portion of this Request for Quoter than, 2022. | for the item/s d ation. Submit yo | lescribe our quo | ed bel | ow, subject oduly signed | to the Terr by you or — | your du | JINKY P. | ns provided at the ized representation working Assistant A |
| After follows: | having carefully read and acc | cepted the Term | s and | Condit | ions below, I | | 1 | otation/ | s for the item/s as |
| | | Approved | | | | OF | FER | | |
| ITEM # | ITEM DESCRIPTION | Budget of the contract | | | PRICE | | Compliance with technical specifications | | REMARKS |
| | PhP: | | QTY. | UNIT | UNIT PRICE | TOTAL | YES | NO | |
| | 1 LOT LABOR AND MATERIALS INSTALLATION OF VENETIAN BLINDS AT ECD OFFICE NEW | WINDOW BUILDING. | | | | | - 0 | _ | |
| | SPECIFICATIONS: (SEE ATTAC OF REFERENCE) 1. 1 LOT LABOR AND MATERIA FOLLOWING: - INSTALLATION OF WINDOW - TYPE: PVC VENETIAN VERTIC - COLOR: LIGHT BLUE - LIFT CONTROL: MANUAL-COL RIGHT CONTROL - PLATE SIZE: 4 INCHES WIDTI - WITH COMPLETE ACCESSOR | BLINDS CAL BLINDS RD LEFT AND | | | | | | | |
| | NO. LOCATION UNIT | DIMENSION | | | | | | | |
| D Pi | Ubmit the following requirement Mayor's Permit rofessional License/Curriculum (hilgeps Registration Number TERMS AND CONDITIONS: | | ces) | | PCAB Licenso Income Busir Omnibus Swo | ness Tax Re | | | |
| 3. Bidder 4. Price o | ode of payment is within six rs shall provide correct and acc rs may quote for any at all times quotation/s must have: | except for one | n reau | ired in | this form. | (2)months | □ On | e (1)mor | nth. |
| - i | validity - Thirty (30) Calendar inclusion of tax Quotations exceeding the Ap Award of contract shall be m Erasures or overwriting is not a | oproved Budg nade to the lov | vest a | uotati | on I for acc | ds and se | ervices ' | e/s. | |
| 6. The awa 7. The MKV 8. Liquidat | n/s shall be delivered within him Award (NOA) and Job Order Coardee shall notify two (2) days be ND shall have the right to inspected damages equivalent to one didelivery period shall be impossible. | efore its delivery | of go the go | ods an | d services. confirm their | conformi | ty to the | technico | al specifications. |

of action and remedies open to it.

amount of liquidated damages reaches ten percent (10%) of the amount of the contract, without prejudice to other courses



Lanao, Kidapawan City
Telnos. (064)577-1533, 577-1865, Fax # (064) 572-5555
E-mail Address: metrokidapawan wd@yahoo.com
Website: www.metrokidapawanwd.gov.ph
"Committed to Service, Development and Self-Reliance"





Page 2 of 3

REQUEST FOR QUOTATION

| PR No. : | | | | | | | | | | |
|--|--|--|--|---|---|--|-------------------------|--|-----------------------|---------------------------------------|
| IO No. : | 0722-0009 | | | | | | | DA | ATE :- | |
| Name of Co | ompany: | | | | | | | | | |
| Address: | owneit No. | | | | | | | | | |
| Business Pe TIN No.: | ermit No: | | | | | | | | | |
| aoisai pi | Please quote your bortion of this Request than | st for Quota | or the item/s d tion. Submit yo | escrib ur quo | ed belo tation | ow, subject t duly signed l | o the Term by you or | ns and (your dul | Condition y author | ns provided at the ized representativ |
| | | | | | | | | - | | MORENO |
| 4.61 | | | | | | | | | | Assistant A |
| follows: | having carefully rea | d and acc | epted the Term | s and | Condit | ions below, I | /we submi | t our qu | otation/ | s for the item/s as |
| | | | Approved | | | | OFF | ER | | |
| ITEM # | ITEM DESCRIPTION | | Budget of the contract | | | PRICE | | Compliance with technical specifications | | REMARKS |
| | | PhP: | | QTY. | UNIT | UNIT PRICE | TOTAL | YES | NO | |
| | (H X W) FRONTSIDE: 1. WINDOW 1 H-2.10M | 1-UNIT | W-3.30M X | | | | | | | |
| | 2. WINDOW 2 | 1-UNIT | W-4.70M X | | | | | | | |
| | H-2.46M 3. WINDOW 3 H-2.26M | 1-UNIT | W-2.45M X | | | | | | | |
| | 4. WINDOW 4 H-2.26M | 1-UNIT | W-2.45M X | | | | | | | |
| | RIGHTSIDE: 1. WINDOW 5 | 1-UNIT | W-4.70M X | | | | | | | |
| | H-2.26M 2. WINDOW 6 H-2.26M | 1-UNIT | W-5.70M X | | | | | | | |
| Please sul | bmit the following | requireme | nts: | | | | | | | |
| ☐ Pro | ayor's Permit ofessional License/C ilgeps Registration N | | Consulting Servi | ces) | | PCAB License Income Busir Omnibus Swo | ness Tax Re | | | |
| The mo Bidders Bidders Price q - v - in - G - A | erms AND CONDIT ande of payment is with a shall provide correct a may quote for any quotation/s must have a calidity - Thirty (30) and clusion of tax a quotations exceed a ward of contract arasures or overwrit | thin Six (ct and accurate all times of all | urate information except for one days oproved Budg ade to the love | et for | vired in requisit the Co | this form. ion. ontract shal | l be rejec | ted. | | nth. |
| 5. The item, Notice of A 6. The awa 7. The MKW B. Liquidate prescribed amount of | /s shall be delivered ward (NOA) and Joi rdee shall notify two 'D shall have the righ ed damages equiva delivery period sha liquidated damage nd remedies open to | within Thirks of Order Color (2) days be not to inspect allent to one all be imposs reaches to | (%) days / montract & Notice efore its delivery and/or to test tenth of one p | onths of Aw of go the go percer | from re ard (NO oods an oods to ot (0.00 v.The A | ceipt of Noti DA). d services. confirm their 1%) of the vo | ce to Proc | y to the | P) with P | al specifications. |



Lango, Kidapawan City
Telnos. (064)577-1533, 577-1865, Fax # (064) 572-5555
E-mail Address: metrokidapawan wd@yahoo.com
Website: www.metrokidapawanwd.gov.ph "Committed to Service, Development and Self-Reliance"





Page 3 of 3

REQUEST FOR QUOTATION

| PR No. : | | | | | | | | | |
|------------------------------------|---|--|-----------------|-------------------|---------------------------------|--|-----------------------|--------------------|---------------------------------|
| IO No. : | 0722-0009 | | | | | | DA | TE :- | |
| lame of Com | npany: | | | | | | | | |
| ddress: usiness Perr | mit No. | | | | | | | | |
| usiness Perr IN No.: | THE INO: | | | | | | | | |
| aoisai pori | ease quote your best offer ion of this Request for Quotan, 2022. | for the item/s detation. Submit yo | escrib ur qu | ed bel otation | ow, subject to duly signed b | o the Terr | ms and (your duly | y authori | ized representa |
| | | | | | | | 4 | INKY P. M | |
| After ha follows: | ving carefully read and ac | cepted the Term | is and | Condi | tions below, I, | /we subm | | | Assistant A s for the item/s |
| | | Approved | | | | OF | FER | | |
| ITEM # | ITEM DESCRIPTION | Budget of the contract | PRICE | | | Complianc with technic specification | | chnical | |
| | PhP: | | QTY. | UNIT | UNIT PRICE | TOTAL | YES | NO | |
| | | | | | GRAND T | Exercision. | A | N. W. P. S. HOLLOW | |
| | | | | | OKAIND I | OIAL. | | | |
| | | | | | Signature | Over Print | ted Nam | <u> </u> | |
| | | | | | olgilalolo | Overring | lea Nam | 3. | |
| | | | | | Confactiv | nomber (L | analine/ | Selibnon | ne)/Email Addr |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Please subn | nit the following requirem | | | | | THE RESIDENCE OF THE PERSON OF | | | |
| ■ May | nit the following requirem or's Permit | | | | PCAB License | e (Infra) | | | |
| | essional License/Curriculum | (Consulting Service | ces) | | Income Busin | ess Tax Re | | | |
| L Philip | eps Registration Number | | | | Omnibus Swo | orn Statem | nents | | |
| | MS AND CONDITIONS: e of payment is within ☑ Six | x (6) months \square T | hree | (3)mont | hs Two / | 21months | | o (1)mor | ath. |
| 3. Bidders m | nall provide correct and acc nay quote for any at all time station/s must have: | curate informatio | n rea | uired in | this form. | 2)1110111113 | - On | 5 (1)111011 | |
| 🛮 - val | idity - Thirty (30) Calendo | ar days | | | | | | | |
| | lusion of tax otations exceeding the A | Approved Budg | et for | tho C | ontract shall | be selee | اد ما | | |
| - AW | rard of contract shall be r sures or overwriting is not | made to the lov | west o | auotati | on I for goo | ds and se | ervices) | e/s. | |
| 5. The item/s : Notice of Award | shall be delivered within This ard (NOA) and Job Order Clee shall notify two (2) days | (16) days / mo contract & Notice before its delivery | onths of Av | from revard (No | eceipt of Notic | ce to Proc | ceed (NTI | P) with Po | |
| . The MKWD | shall have the right to inspe | ect and/or to test | the g | oods to | confirm their | conformi | ty to the | technico | al specification |

of action and remedies open to it.

8. Liquidated damages equivalent to one tenth of one percent (0.001%) of the value of the goods not delivered within the prescribed delivery period shall be imposed per day of delay. The MKWD shall rescind the contract once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, without prejudice to other courses

Lango, Kidapawan City

Lango, Kidapawan City

Tel nos. (064)577-1533, 577-1865, Fax no. (064) 572-5555

E-mail Address: metrokidapawan wd@yahoo.com

Website: 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

| PURPOSE | 1 LOT LABOR AN | ID MATERI | ALS FOR THE I | NSTALLATION (| OF VENETIAL | N WINDOW BLINDS AT | | | | |
|--------------------------------|---------------------|--------------------------|--|--------------------|------------------|--|--|--|--|--|
| PARTICULARS | ECD OFFICE NEW | N BUILDING | G | | | | | | | |
| TARTICULARS | ☐ PR ■JO No.: | | -22 -0009 | Date: | July 4, 20 |)22 | | | | |
| 1 LOT LABOR AND | ITEMS, S | PECIFICAT | IONS, AND D | ESCRIPTIONS | | | | | | |
| | MATERIALS FOR THE | | | | | | | | | |
| BUILDING | AM BLINDS AT ECD OF | FICE NEW | | | | | | | | |
| SPECIFICATIONS: | | | | - | | | | | | |
| | MATERIALS FOR THE | FOLLOWIN | | | Unit | Dimension (H x W) | | | | |
| | F WINDOW BLINDS | | | NTSIDE: | WI DANGE | | | | | |
| | TIAN VERTICAL BLIND | S | 1. 2. | Window1 | 1-unit | W-3.30m x H-2.10m | | | | |
| - COLOR: LIGHT E | | | | Window2 Window3 | 1-unit 1-unit | ** *** W. | | | | |
| | MANUAL - CORD LEFT | AND RIGH | HT 4. | Window4 | 1-unit | W-2.45m x H-2.26m W-2.45m x H-2.26m | | | | |
| CONTROL - PLATE SIZE: 4 INC | CLIEC MAIDTH | | RIGH | HTSIDE: | | ** 2.40(11 X 11-2,20(1) | | | | |
| - WITH COMPLETE | | | 5. | Window5 | 1-unit | W-4.70m x H-2.26m | | | | |
| - WITH COMPLETE | ACCESSORIES | | 6. | Window6 | 1-unit | W-5.70m x H-2.26m | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| SOURCE OF FUND | | - | AP Item No.: | | | | | | | |
| MODES AND TERMS OF PA | VALENCE | Accoun | | CAPEX 20 |)22 | | | | | |
| MODES AND TERMS OF PA | YMENI | Within ni | inety (90) day | /\$ | | | | | | |
| REQUIRED SERVICES | | Constant of the Constant | | | | | | | | |
| Free Delivery | | | 10th am | | | | | | | |
| Free Product Dem | constration | | Others speci | ry: | | | | | | |
| Free Installation | IOISITUTION | | | | | | | | | |
| | / 55514155 | In Helburge | | | | | | | | |
| REQUIRED CERTIFICATIONS | / PERMITS | BO2INE22 | PERMITS | | | | | | | |
| QUALIFICATIONS | | N/A | | | | | | | | |
| AREA OF DELIVERY | | IMKWD A | Agin Office B | ray Lango KC | | | | | | |
| DATE OF DELIVERY | | | MKWD Main Office, Brgy. Lanao, KC N/A | | | | | | | |
| TIME OF DELIVERY | | N/A | | | | | | | | |
| WARRANTY PERIOD | | IN/A | | | | | | | | |
| RETENTION | | Amount: | | N/A | | | | | | |
| | Duration | | N/A | | | | | | | |
| TAX INCLUSIVE | | | or VAT Registered | | | | | | | |
| OTHER CONDITIONS AND C | CONSTRAINTS | | <u> </u> | | | | | | | |
| N/A | JOHOTHAMIS | | | | | | | | | |
| Prepared by: | / | | Reviewed by: | 1 | | | | | | |
| a new | | | Reviewed by. | — V | - D | | | | | |
| /GUIVLERMO | B. BACLAYON | | | MYRNA R | VICTORIA, | MBA | | | | |
| Division | Manager A | | Department Manager A | | | | | | | |
| Noted by: | | Approved/Dis | | X | | | | | | |
| WILESPER LISANDRO M | ALOUETA CE/BAAD | | | | | | | | | |
| | Committee Chairman | MBA | | | GONZALES | , MPS | | | | |
| - Garage | John Miles Chamman | | | Gen | eral Manager | | | | | |