



REQUEST FOR QUOTATION

PR No. : _____

DATE : _____

JO No. : 0123-0001

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.

JINKY 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: _____ 1 LOT HIRING OF OB GYNE SERVICES RETAINER FOR THE CALENDAR YEAR OF 2023. INCLUSION: 1. OB GYNE RETAINER SHALL BE PROVIDE WITH LIST OF FEMALE JOB ORDER, CASUAL AND PERMANENT EMPLOYEES AS GUIDE AND REFERENCE. 2. THE OB GYNE WILL SET IN ADVANCE APPOINTMENT BASIS THROUGH ADMIN. & HUMAN RESOURCE DIVISION THE SCHEDULED OFFICE VISITATION FOR CHECK UP AT LEAST 2 HOURS ONCE OR TWICE OF EVERY MONTH TO BE CONDUCTED AT THE MKWD INFIRMARY. 3. ALL FEMALE EMPLOYEES SHALL BE						<input type="checkbox"/>	<input type="checkbox"/>	

Please submit the following requirements:

- | | |
|---|--|
| <input type="checkbox"/> Mayor's Permit | <input type="checkbox"/> PCAB License (Infra) |
| <input checked="" type="checkbox"/> Professional License/Curriculum (Consulting Services) | <input type="checkbox"/> Income Business Tax Return |
| <input type="checkbox"/> Philgeps Registration Number | <input checked="" type="checkbox"/> 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. *per accomplishment*
- 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)
 - ☒ - Erasures or overwriting is not allowed unless signed by duly authorized representative/s.

5. The item/s shall be delivered within Twelve (12) days / months from receipt of Notice to Proceed (NTP) with Purchase Order & Notice of Award (NOA) and Job Order Contract & Notice of Award (NOA).

6. The awardee shall notify two (2) days before its delivery of goods and services.

7. The MKWD shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.

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 of action and remedies open to it.



REQUEST FOR QUOTATION

PR No. : _____

DATE : _____

JO No. : 0123-0001

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.

JINKY 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: _____ ALLOWED FREE PRE-NATAL CONSULTATION AND CHECK UP. 4. ALL FEMALE EMPLOYEES ARE ALLOWED POP SMEAR AND BREAST CHECK UP AND ALL OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS AND DISEASES ANNUALLY OR AS THE NEED ARISES 5. THE OB GYNECOLOGIST SHALL AFTER THE RESULT OF PAP SMEAR GIVE RECOMMENDATIONS AND REFERRALS TO CONCERNED EMPLOYEES FOR FURTHER CONSULTATION WHEN NECESSARY 6. THE OB GYNECOLOGIST SHALL ACCOMMODATE ALL CONCERNED EMPLOYEE AND DEPENDENTS FOR FUTHER SERVICES LIKE VACCINE ADMINISTRATION OUTSIDE THE FREE SERVICES MENTIONED								

Please submit the following requirements:

- | | |
|---|--|
| <input type="checkbox"/> Mayor's Permit | <input type="checkbox"/> PCAB License (Infra) |
| <input checked="" type="checkbox"/> Professional License/Curriculum (Consulting Services) | <input type="checkbox"/> Income Business Tax Return |
| <input type="checkbox"/> Philgeps Registration Number | <input checked="" type="checkbox"/> 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. *per accomplishment*
- 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)
- ☒ - Erasures or overwriting is not allowed unless signed by duly authorized representative/s.

- The item/s shall be delivered within Twelve (12) days / months from receipt of Notice to Proceed (NTP) with Purchase Order & Notice of Award (NOA) and Job Order Contract & Notice of Award (NOA).
- The awardee shall notify two (2) days before its delivery of goods and services.
- The MKWD shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
- 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 of action and remedies open to it.



REQUEST FOR QUOTATION

PR No. : _____

DATE : _____

JO No. : 0123-0001

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.

JINKY 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: _____									
	ABOVE WHEN NECESSARY									

GRAND TOTAL: _____

Signature Over Printed Name: _____

Contact Number (Landline/Cellphone)/Email Address _____

Please submit the following requirements:

- | | |
|---|---|
| <input type="checkbox"/> Mayor's Permit | <input type="checkbox"/> PCAB License (Infra) |
| <input checked="" type="checkbox"/> Professional License/Curriculum (Consulting Services) | <input type="checkbox"/> Income Business Tax Return |
| <input type="checkbox"/> Philgeps Registration Number | <input type="checkbox"/> Omnibus Sworn Statements |

OTHER TERMS AND CONDITIONS:

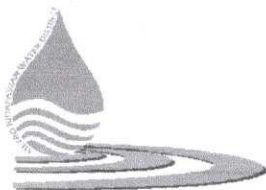
- The mode of payment is within ☐ Six (6) months ☐ Three (3) months ☐ Two (2) months ☒ One (1) month. *per accomplishment*
- Bidders shall provide correct and accurate information required in this form.
- Bidders may quote for any at all times except for one (1) lot requisition.
- Price quotation/s must 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)
 - ☒ - Erasures or overwriting is not allowed unless signed by duly authorized representative/s.

5. The item/s shall be delivered within Twelve (12) days / months from receipt of Notice to Proceed (NTP) with Purchase Order & Notice of Award (NOA) and Job Order Contract & Notice of Award (NOA).

6. The awardee shall notify two (2) days before its delivery of goods and services.

7. The MKWD shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.

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 of action and remedies open to it.



Republic of the Philippines
METRO KIDAPAWAN WATER DISTRICT
Lanao, 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"



TERMS OF REFERENCE

PURPOSE	1 LOT HIRING OF OB GYNCOLOGIST SERVICES RETAINER FOR CALENDAR YEAR OF 2023		
PARTICULARS	<input checked="" type="checkbox"/> PR <input type="checkbox"/> JO No.:	Date:	December 15, 2022

ITEMS, SPECIFICATIONS, AND DESCRIPTIONS

1 LOT HIRING OF OB GYNCOLOGIST SERVICES RETAINER FOR CALENDAR YEAR OF 2023

INCLUSION:

1. The OBGyne retainer shall be provided with a list of female Job Order, Casual and Permanent Employee as guide and reference
2. The OBGyne will set in advance appointment through the hr Division the schedule office visitation for check up at least 2 hours once or twice a month to be conducted at the MKWD Infirmary
3. all female employee shall be allowed free pre-natal and post natal check and consultation
4. all female employee are allowed for pop smear and breast check up and all other female reproductive systems disorders and diseases annually or as the need arises
5. the OB Gyne shall accommodate all employees and dependent for further services like vaccination administration outside free services mentioned above as necessary

Note: For more than 6 items attach separate TOR Form. For More specifications attach necessary supporting document/s.

SOURCE OF FUND	APP/PPMP Item No.:	
	Account No.:	793
MODES AND TERMS OF PAYMENT	30 DAYS / per accomplishment	

REQUIRED SERVICES

<input type="checkbox"/> Free Delivery	Others specify: N/A
<input type="checkbox"/> Free Product Demonstration	
<input type="checkbox"/> Free Installation	

REQUIRED CERTIFICATIONS/ PERMITS	Business Permit
QUALIFICATIONS	Complete and updated business documents

AREA OF DELIVERY	N/A
DATE OF DELIVERY	1-Jan-23
TIME OF DELIVERY	N/A
WARRANTY PERIOD	N/A
RETENTION	Amount: N/A
	Duration: N/A
TAX INCLUSIVE	YES

OTHER CONDITIONS AND CONSTRAINTS

N/A

Prepared by: MARIAN W. DAWA, MBA OJT Division Manager HR, ASO-A	Reviewed by: MYRNA R. VICTORIA, MBA Department Manager A, AHRD
Noted by: WILESPER LISANDRO M. ALQUEZA, CE/RMP/MBA Material Standards Committee Chairman	Approved/Disapproved by: STELLA M. GONZALES, MPS General Manager