



REQUEST FOR QUOTATION

PR No. : 0223-004

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 _____, 2023.

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							
			PRICE				Compliance with technical specifications		REMARKS	
			QTY.	UNIT	UNIT PRICE	TOTAL	YES	NO		
1	ANDROID METER READING DEVICE W/ BLUETOOTH PRINTER ((SEE ATTACHED TERMS OF REFERENCE))	PhP: 0.00	1.00	UNIT				<input type="checkbox"/>	<input type="checkbox"/>	

GRAND TOTAL: _____

Signature Over Printed Name: _____

Contact Number (Landline/Cellphone)/Email Address: _____

Please submit the following requirements:

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

OTHER TERMS AND CONDITIONS:

- The mode of payment is within Six (6) months upon issuance of IAR Three (3) months upon issuance of IAR Two (2) months upon issuance of IAR One (1) month upon issuance of IAR.
- 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 r
 - Award of contract shall be made to the lowest quotation (for goods ar
 - Erasures or overwriting is not allowed unless signed by duly authorized representative/s.
- The item/s shall be delivered within two (2) 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.



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"



ISO 9001:2015 Certified
 Cert. No. 66478

TERMS OF REFERENCE

PURPOSE	For METER reading gadget/device.		
PARTICULARS	<input checked="" type="checkbox"/> PR <input type="checkbox"/> JO No.:	6223-004	Date: 1/25/2023

ITEMS, SPECIFICATIONS, AND DESCRIPTIONS	
ITEM 1	ITEM 2
SPECIFICATIONS: 1. Minimum of windows 7 Operating CS for download and upload gateway application. 2. Minimum requirements for Android mobile device; Quadcore 1.4 GHz Cortex-A53 CPU Processor w/1.5GB RAM,8GB Internal Storage + microSD(up to 256gb dedicated slot) and 5 inch capacitive touch screen (540 x 960 pixels, 220ppi) display 3. Minimum requirement for POS thermal printer; 57mm x 30mm printing 4. With installed Android Meter Reading Application and GIS features.	SPECIFICATIONS:

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.:	CAPEX
MODES AND TERMS OF PAYMENT	2 Months Installment	
<input checked="" type="checkbox"/> Free Delivery <input type="checkbox"/> Free Product Demonstration <input type="checkbox"/> Free Installation	Others specify:	
REQUIRED CERTIFICATIONS/ PERMITS	Business Permits	
QUALIFICATIONS	Complete and updated business documents PHILGEPS Registered	
AREA OF DELIVERY	MKWD OFFICE , LANAO , KIDAPAWAN CITY	
DATE OF DELIVERY	Weekdays	
TIME OF DELIVERY	Office Hours	
WARRANTY PERIOD	1 Year	
RETENTION	Amount:	N/A
	Duration:	N/A
TAX INCLUSIVE	Inclusive of Tax.	

OTHER CONDITIONS AND CONSTRAINTS

Prepared by:	Reviewed by:
MARICEL S. BELASA, MBA Division Manager A	ELBEN S. DAQUIPA, CE, MBA Department Manager A
Noted by:	Approved/Disapproved by:
WILESPER LISANDRO M. ALQUEZA, CE/RMP/MBA Material Standards Committee Chairman	STELLA M. GONZALES, MPS General Manager