



**REQUEST FOR QUOTATION**

PR No. : 0223-008

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						REMARKS
			PRICE				Compliance with technical specifications		
			QTY.	UNIT	UNIT PRICE	TOTAL	YES	NO	
	PhP: _____	<b>0.00</b>							
1	COMPUTER DESKTOP (W/ LICENSE)		1.00	UNIT	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>
2	PRINTER		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:**

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

**OTHER TERMS AND CONDITIONS:**

1. 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.
2. Bidders shall provide correct and accurate information required in this form.
3. Bidders may quote for any at all times except for one (1) lot requisition.
4. 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.
5. The item/s shall be delivered within FIVE (5) 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](mailto:metrokidapawan_wd@yahoo.com)

Website: [www.metrokidapawanwd.gov.ph](http://www.metrokidapawanwd.gov.ph)

**"Committed to Service, Development and Self-Reliance"**



ISO 9001:2015 Certified  
 Cert. No. 66478

**TERMS OF REFERENCE**

<b>PURPOSE</b>		PROCUREMENT OF DESKTOP COMPUTER FOR MAKILALA	
<b>PARTICULARS</b>		<input checked="" type="checkbox"/> PR <input type="checkbox"/> JO No.:	0223-008
		Date:	1-Feb-23
<b>ITEMS, SPECIFICATIONS, AND DESCRIPTIONS</b>			
<b>ITEM 1</b>			
<b>SPECIFICATIONS:</b>			
Processor (CPU) : Intel Core i3 (10th generation or newer) or equivalent			
Motherboard : socket compatible motherboard			
Memory : 4 GB RAM			
Storage : 420GB SSD			
Monitor/Display : 18.5" LCD monitor			
Operating System O.S. : Windows 10			
Keyboard and mouse: USB Type			
UPS : 1000VA			
<b>Note:</b> For more than 6 items attach separate TOR Form. For More specifications attach necessary supporting document/s.			
<b>SOURCE OF FUND</b>		<b>APP/PPMP Item No.:</b>	CSD-CAPEX
		<b>Account No.:</b>	
<b>MODES AND TERMS OF PAYMENT</b>		Sixty (30) days upon delivery	
<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	
<b>QUALIFICATIONS</b>		N/A	
<b>AREA OF DELIVERY</b>		MKWD MAIN OFFICE Brgy. Lanao Kidapawan City	
<b>DATE OF DELIVERY</b>		Monday to Friday	
<b>TIME OF DELIVERY</b>		8:00am to 5:00pm	
<b>WARRANTY PERIOD</b>		3 years	
<b>RETENTION</b>		<b>Amount:</b>	N/A
		<b>Duration:</b>	
<b>TAX INCLUSIVE</b>		if applicable	
<b>OTHER CONDITIONS AND CONSTRAINTS</b>			
RETURN ITEM IN CASE OF NON COMPLIANCE			
Prepared by:		Reviewed by:	
 <b>LEONARDO J. CENAR, MPS</b> Division Manager A -CSD		 <b>ELBEN S. DAGUIPA, CE, MBA</b> Department Manager, CSD	
Noted by:		Approved/Disapproved by:	
 <b>WILEPER LISANDRO M. ALQUEZA, CE/RMP/MBA</b> Material Standards Committee Chairman		 <b>STELLA M. GONZALES, MPS</b> General Manager	