



REQUEST FOR QUOTATION

PR No. : 0223-014

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.

LINKY 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		
	PhP: _____	0.00								
1	CHLORINE, CHLORINE GRANULES	2,925.00	KG					<input type="checkbox"/>	<input type="checkbox"/>	

GRAND TOTAL: _____

Signature Over Printed Name: _____

Contact Number (Landline/Cellphone)/Email Address _____

Please submit the following requirements:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Mayor's Permit | <input checked="" 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 ~~Fifteen (15)~~ 15 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.metrokidapawanwdl.gov.ph
"Committed to Service, Development and Self-Reliance"



TERMS OF REFERENCE

PURPOSE	For Facilities Disinfection and Water Treatment Operations good for three months consumption (April - June 2023)		
PARTICULARS	<input checked="" type="checkbox"/> PR <input type="checkbox"/> JO No.:	Date:	02/03/2022

ITEMS, SPECIFICATIONS, AND DESCRIPTIONS

ITEM 1 - CHLORINE GRANULES	ITEM 2 -
SPECIFICATIONS:	SPECIFICATIONS:
1 2025 KG	1
2 CALCIUM HYPOCHLORITE (70%)	2
3 PACKAGE IN PAIL OF 45KG PER PAIL	3
4 WITH MATERIAL SAFETY DATA SHEET (MSDS)	4

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.:	760
	Account No.:	760

MODES AND TERMS OF PAYMENT	Within 180 days after full delivery of items
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REQUIRED SERVICES

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

REQUIRED CERTIFICATIONS/ PERMITS	Business Permit, PhilGEPS Registration
	N/A

QUALIFICATIONS	N/A
	N/A

AREA OF DELIVERY	Manongol Reservoir - Chemical Storage
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DATE OF DELIVERY	Monday - Friday
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TIME OF DELIVERY	8am - 5pm
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WARRANTY PERIOD	N/A
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RETENTION	Amount:	N/A
	Duration:	N/A

TAX INCLUSIVE	YES
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OTHER CONDITIONS AND CONSTRAINTS

- For return and replacement if item/s do not conform to end-user standards.
- Inclusive of hauling.

Prepared by:	Reviewed by:
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ESMERALDO P. DAGAN, MBA Division Manager - GSD	MYRNA R. VICTORIA, MBA Department Manager - AHR
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Noted by:	Approved/Disapproved by:
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WILESPER LISANDRO M. ALQUEZA, CE/RMP/MBA Material Standards Committee Chairman	STELLA M. GONZALES, MPS General Manager
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