



Republic of the Philippines
METRO KIDAPAWAN WATER DISTRICT
 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
 "Committed to Service, Development and Self-Reliance"



REQUEST FOR QUOTATION

PR No. : 0223-013

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 D. 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: _____	0.00							
1	POWER SUPPLY RELAY		3.00	PCS	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	
2	FLASHER RELAY		2.00	PCS	_____	_____	<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. *upon receipt of check payment*
- 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 *three (3) 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.



TERMS OF REFERENCE

PURPOSE	PROCUREMENT OF PARTS FOR THE CORRECTIVE MAINTENANCE HYDRAULIC EXVACATOR XCMG-MD		
PARTICULARS	<input checked="" type="checkbox"/> PR <input type="checkbox"/> JO No.:		Date: February 2, 2023
ITEMS, SPECIFICATIONS, AND DESCRIPTIONS			
ITEM 1) 3-PCS POWER SUPPLY RELAY	ITEM 2) 2-PCS FLASHER RELAY		
SPECIFICATIONS: 1 see sample 2 FOR HYDRAULIC EXCAVATOR XCMG-MD 3 Heavy Duty	SPECIFICATIONS: 1 see sample 2 FOR HYDRAULIC EXCAVATOR XCMG-MD 3 Heavy Duty		
<i>Note: For more than 6 items attach separate TOR Form. For More specifications attach necessary supporting document/s.</i>			
SOURCE OF FUND	APP/PPMP Item No.:	841-RM of Motor Vehicles CY 2023 WRPMD	
	Account No.:	841-RM of Motor Vehicles CY 2023 WRPMD	
MODES AND TERMS OF PAYMENT	WITHIN 60 DAYS		
REQUIRED SERVICES			
<input type="checkbox"/> Free Delivery <input type="checkbox"/> Free Product Demonstration <input type="checkbox"/> Free Installation		Others specify:	
REQUIRED CERTIFICATIONS/ PERMITS	Business Permit duly licensed		
QUALIFICATIONS	N/A		
AREA OF DELIVERY	For Pick-up		
DATE OF DELIVERY	Upon receipt of check payment		
TIME OF DELIVERY	N/A		
WARRANTY PERIOD	N/A		
RETENTION	Amount:	N/A	
	Duration:	N/A	
TAX INCLUSIVE	6% for VAT Registered		
OTHER CONDITIONS AND CONSTRAINTS			
The supplier will replace if items delivered not conforming to materials required.			
Prepared by:		Reviewed by:	
 ESMERALDO P. DAGAN, MBA Division Manager A		 MYRNA R. VICTORIA, 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	