



REQUEST FOR QUOTATION

PR No. : _____

DATE : _____

JO No. : 0223-0019

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	
	1 LOT HIRING OF CERTIFYING BODY FOR RE-CERTIFICATION OF ISO 9001:2015 QUALITY MANAGEMENT SYSTEM GOOD FOR 3-YEAR CONTRACT. SPECIFICATIONS: (SEE ATTACHED TERMS OF REFERENCE) 1. THE QOUTED AMOUNT IN THE RFQ MUST BE FIXED WITHIN THE TERM OF THE CONTRACT; 2. THE CONTRACT SHALL BE VALID FOR THREE YEARS; PAYMENT WILL BE EVERY YEAR UPON THE CONDUCT OF AUDIT (1 YEAR FOR RECERTIFICATION & 2 YREAS FOR SURVEILLANCE AUDIT). 3. THE QOUTED AMOUNT IN THE CONTRACT MUST INCLUDE THE AMOUNT FOR THE							

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

OTHER TERMS AND CONDITIONS:

1. The mode of payment is within Six (6) months Three (3) months Two (2) months One (1) month.
2. Bidders shall provide correct and accurate information required in this form. After submission of Audit report
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 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 Three (3) Years 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.



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			QTY.	UNIT	UNIT PRICE	TOTAL	YES		NO
	PhP: _____ TRAVEL EXPENSES OF THE AUDITOR OF THE CERTIFYING BODY SUCH AS PLANE FARE, TRAVEL EXPENSES, HOTEL AND ACCOMMODATION, ETC.; 4. THE QUOTED AMOUNT SHALL INCLUDE THE VALUE-ADDED TAX OF THE SERVICES; 5. THE CERTIFYING BODY MUST INDICATE HOW MANY AUDITORS WILL THEY BE SENDING UPON THE CONDUCT OF AUDIT; 6. THE INVOICE OR BILLING STATEMENT OF THE AMOUNT PAYABLE SHALL BE SENT AFTER THE ACCOMPLISHMENT OF AUDIT; 7. PAYMENT SHALL BE MADE AFTER EACH ACCOMPLISHMENT OF AUDIT BY THE AUDITOR AND UPON RECEIPT OF BILLING STATEMENT. THERE WILL BE NO ADVANCE PAYMENT;								

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			PRICE			Compliance with technical specifications		REMARKS
			QTY.	UNIT	UNIT PRICE	TOTAL	YES	
	8. MKWD HAS THE OPTION TO POSTPONE OR CANCEL THE DATE OF AUDIT(S) WITHOUT ADDITIONAL COST AND WITHOUT PENALTY; 9. IN THE EVENT THAT MKWD TERMINATE THE CONTRACT BEFORE ANY AUDIT ACTIVITIES, NO ADDITIONAL COSTS SHALL BE CHARGED; 10. THE CERTIFYING BODY MUST HAVE AN EXPERIENCE IN AUDITING AND CERTIFYING LOCAL WATER DISTRICTS 11. THE AUDITOR(S) ASSIGNED MUST BE FLUENT WITH THE LOCAL DIALECT BY THE AUDITEE OR MUST BE FLUENT IN TAGALOG; 12. A LETTER FROM THE CERTIFYING BODY SHALL BE SENT ONE (1) MONTH BEFORE THE SCHEDULED AUDIT;							

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			QTY.	UNIT	UNIT PRICE	TOTAL	YES		NO
	PhP: _____ THE CERTIFYING BODY MUST PROVIDE UPON CERTIFICATION: 3 COPIES A4 SIZE CERTIFICATE, 2 COMPLIMENTARY ALL-WEATHER BANNERS; 4 PIECES STICKERS. 13. THE AUDITOR MUST OBTAIN TRAVEL AUTHORITY AND MEDICAL CERTIFICATE FROM THE PLACE OF ORIGIN AND FURNISH THE AUDITEE AT LEAST 3 DAYS BEFORE THE ACTUAL AUDIT AS REQUIRED BY THE ISSUANCES BY THE IATF AND THE PROVINCE. 14. THE AUDITOR MUST FOLLOW MINIMUM HEALTH STANDARDS SUCH AS WEARING FACE MASK AND OBSERVE SOCIAL DISTANCING DURING THE CONDUCT OF AUDIT								

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			QTY.	UNIT	UNIT PRICE	TOTAL	
	PhP: _____						

GRAND TOTAL: _____

Signature Over Printed Name: _____

Contact Number (Landline/Cellphone)/Email Address _____

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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	Hiring of certifying body for re-certification of ISO 9001:2015 Quality Management System Good for 3-year contract.		
PARTICULARS	<input checked="" type="checkbox"/> PR <input checked="" type="checkbox"/> JO No.:	023-0019	Date: February 16, 2023

ITEMS, SPECIFICATIONS, AND DESCRIPTIONS

ITEM 1	ITEM 2
SPECIFICATIONS:	
1 The quoted amount in the RFQ must be fixed within the term of the contract; 2 The contract shall be valid for three years; Payment will be every year upon the conduct of audit (1 year for recertification & 2 years for Surveillance Audit). 3 The quoted amount in the contract must include the amount for the travel expenses of the auditor of the certifying body such as plane fare, travel expenses, hotel and accommodation, etc.; 4 The quoted amount shall include the value-added tax of the services; 5 The certifying body must indicate how many auditors will they be sending upon the conduct of audit; 6 The invoice or billing statement of the amount payable shall be sent after the accomplishment of audit; 7 Payments shall be made after each accomplishment of audit by the auditor and upon receipt of billing statement. There will be no advance payment; 8 MKWD has the option to postpone or cancel the date of audit (s) without additional cost and without penalty; 9 In the event that MKWD terminate the contract before any audit activities, no additional costs shall be charged; 10 The certifying body must have an experience in auditing and certifying Local Water Districts 11 The auditor (s) assigned must be fluent with the local dialect by the auditee or must be fluent in Tagalog; 12 A letter from the certifying body shall be sent one (1) month before the scheduled audit; The certifying body must provide upon certification: 3 copies A4 size certificate, 2 Complimentary All-Weather Banners; 4 pieces stickers. 13 The auditor must obtain Travel Authority and Medical Certificate from the place of origin and furnish the auditee at least 3 days before the actual audit as required by the issuances by IATF and the Province. 14 The auditor must follow minimum health standards such as wearing face mask and observe social distancing during the conduct of audit	

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.:	

MODES AND TERMS OF PAYMENT	After submission of audit report
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REQUIRED SERVICES	
<input checked="" type="checkbox"/> Free Delivery <input type="checkbox"/> Free Product Demonstration <input type="checkbox"/> Free Installation	Others specify:

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

AREA OF DELIVERY	MKWD Compound, Brgy. Lanao, Kidapawan City
DATE OF DELIVERY	As scheduled
TIME OF DELIVERY	

WARRANTY PERIOD	N/A
RETENTION	Amount: N/A
	Duration: N/A
TAX INCLUSIVE	YES

OTHER CONDITIONS AND CONSTRAINTS

N/A	
Prepared by:	Reviewed by:
 MYRNA R. VICTORIA Department Manager, AHRD	N/A 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