

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"





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9001:2015 Certified Cert. No. 66478

| | | REQUE | ST FO | R QU | OTATION | | | | | |
|---|--|---|--------------------|----------------------------|---------------|--------------------------------------|-----------|-------------------------------------|--------------------|--|
| PR No. : | | | | | | | D | ATE : | | |
| JO No. : | 0223-0025 | | | | | | | AIL . | | |
| Name of C | Company: | | | | | | | | | |
| Address: Business P | Pormit No. | | | | | | | | | |
| TIN No.: | ermit No: | | | | | | | | | |
| 15355 | | | | | | | | | | |
| not late | Please quote your best offer for portion of this Request for Quotater than | 11071. 30bitili yo | oor quo | nation | auly signed | by you or | your dui | ly authori Ly P. More Urement | ized representativ | |
| After follows: | having carefully read and acce | pted the Term | ns and | Condit | ions below, I | I/we submi | it our du | otation/s | for the item/s as | |
| | ITEM DESCRIPTION | Approved Budget of the contract | OFFER | | | | | | | |
| ITEM # | | | | PRICE | | | | pliance echnical ications | REMARKS | |
| | PhP: | | QTY. | UNIT | UNIT PRICE | TOTAL | YES | NO | | |
| | 1 LOT HIRING OF JOB ORDER C FOR REHABILITATION OF ILIAN A FOR THE REHABILITATION OF INTAKE BOX AND TL | INTAKE BOX | | | | | . 0 | | | |
| | INCLUSION: - 1 LOT - DEMOLITION OF DAMA CONCRETE SLAB - 1 LOT - REFURBISHMENT OF T - 1 LOT - CONCRETE AND MASO - 1 LOT - FORM WORKS - 1 LOT - STEEL WORKS - 1 LOT - PAINTING WORKS (LAB MATERIALS) - 1 LOT - FITTINGS INSTALLATION | OP SLAB NRY WORK BOR AND | | | | | | | | |
| | (SEE ATTACHED TERMS OF REF | ERENCE) | | | | | | | | |
| OTHER TE 1. The mo 2. Bidders 3. Bidders 4. Price qu - in - G | bmit the following requirement ayor's Permit ofessional License/Curriculum (Configence Registration Number Rems and Conditions: and of payment is within Six (6) is shall provide correct and accurate may quote for any at all times expuotation/s must have: ralidity - Thirty (30) Calendar descriptions of tax Quotations exceeding the Approvant of contract shall be may arrasures or overwriting is not all transports. | onsulting Service) months The ate information at the information at | hree (3) In requir |)month red in requisiti | ion. | ness Tax Report Statement (2) months | One upon | 1SEWAY | th. | |
| made Li | rasures or overwriting is not allow | owed unless | signed | by de | uly authorize | ed represe | entative | ∋/s. | | |

5. The Item/s snall be delivered within (174) days / months from receip Notice of Award (NOA) and Job Order Contract & Notice of Award (NOA). s / months from receipt of Notice to Proceed (NTP) with Purchase Order &

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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'Committed to Service, Development and Self-Reliance'

REQUEST FOR QUOTATION PR No. : DATE JO No. : 0223-0025 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 _, 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: OFFER Approved Budget of the ITEM # ITEM DESCRIPTION Compliance PRICE contract REMARKS with technical specifications PhP: QTY. UNIT UNIT PRICE TOTAL YES NO **GRAND TOTAL:** Signature Over Printed Name: Contact Number (Landline/Cellphone)/Email Address Please submit the following requirements: Mayor's Permit PCAB License (Infra) Professional License/Curriculum (Consulting Services) Income Business Tax Return Philgeps Registration Number 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. 2 12 months upon issuance of IAK 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 (72) 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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TERMS OF REFERENCE

| PURPOSE | REHABILITATION OF ILIAN INTAKE BOX AND TL | | | | | | | | |
|--|---|--|---|--|----------------------|--|--|--|--|
| PARTICULARS | □PR ■JO N | lo.: | | Date: | February 23, 2023 | | | | |
| | ITEMS | SPECIFICAT | IONS, AND DES | CRIPTIONS | 1. Oblivary 20, 2020 | | | | |
| ITEM 1 1 LOT HIRING OF J | | | | THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW | NTAKE BOY A | | | | |
| SPECIFICATIONS/INCLUSION: | | | | | TAKE BOX A | | | | |
| 1 1 lot - Demolition of D | amaged Cor | crete Slabs | | | | | | | |
| 2 1 lot - Refurbishment | of Top Slab | | | | | | | | |
| 3 1 lot - Concrete and I | Masonry Work | (| | | | | | | |
| 5 1 lot - Steel Works | | | | | | | | | |
| 6 1 lot - Painting Works | (Labor and M | aterials) | | | | | | | |
| 7 1 lot - Fittings Installat | ion | | | | | | | | |
| ** Nothings follows ** | | | | | | | | | |
| rromings rollows | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Note: For more than 6 items attach s | separate TOR Form. | For More specific | cations attach nece | ssary supporting do | (Page 1 of 1) | | | | |
| | | | | T | | | | | |
| SOURCE OF FUND | | Account | P Item No.: | - | | | | | |
| MODES AND TERMS OF THE | | | | | | | | | |
| MODES AND TERMS OF PA | YMENT | Progress billing payable within 12 months upon issuance of I.A.R Release of Retention Bond upon letter request approval | | | | | | | |
| | | | ED SERVICES | она ороннен | er request approval | | | | |
| Free Delivery | | | | :£ | | | | | |
| | | Others specify: | | | | | | | |
| Free Product Demonst | ration | | | | | | | | |
| | | | | | | | | | |
| Free Installation | | | | | | | | | |
| REQUIRED CERTIFICATIONS | / DEDANTE | Business | Permit, PhilGER | S Registration | | | | | |
| CEGOINED CENTIFICATIONS | / PEKMIIS | Business Permit, PhilGEPS Registration MANUFACTURER'S PNS AND DTI CERTIFICATE | | | | | | | |
| QUALIFICATIONS | | N/A | | | | | | | |
| AREA OF DELIVERY | | | | | | | | | |
| | | | | | | | | | |
| OATE OF DELIVERY (MATERIA IME OF DELIVERY | ALS) | | | | | | | | |
| INC OF DELIVERT | | | | | | | | | |
| VARRANTY PERIOD | | One (1) Year | | | | | | | |
| ETENTION | | Amount: | | | 10% | | | | |
| ETENTION | | Duration: | | | 1 month | | | | |
| AX INCLUSIVE | Tax included in ABC | | | | | | | | |
| | OTHER | CONDITION | IS AND CONST | RAINTS | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| repared by: | | | Reviewed by: | 01/ | <i>Y</i> | | | | |
| KELVIN E. RL | JPISAN CF | | 7 7 | | | | | | |
| Division Man | | | KA | MILA. CONDEZ, CE, RMP, MBA | | | | | |
| oted by: | -901/11/00 | | Department Manager A - ECD Approved/Disapproved by: | | | | | | |
| WILESPER LISANDRO M. A | LQUE7A CF | RMP MRA | | | ANTALES ALES | | | | |
| AGM for Op | | , MUM | | SIELLA M. GC | ONZALES, MPS | | | | |
| AGM TOT OF | Jeranons | | 1 | 0 1 | | | | | |