



**REQUEST FOR QUOTATION**

PR No. : 0323-015

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 WITH LICENSE<br>((SEE ATTACHED TERMS OF REFERENCE)) |                                 | 1.00  | SET  | _____      | _____ | <input type="checkbox"/>                 | <input type="checkbox"/> |         |
| 2      | 3-IN-1 PRINTER<br>((SEE ATTACHED TERMS OF REFERENCE))                |                                 | 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:**

- |  |  |
|--|--|
| <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.
- 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 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).
- 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](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>     | <b>PROCUREMENT OF ADDITIONAL PRINTER FOR ACCOUNTING UNIT USE</b>        |            |                         |
| <b>PARTICULARS</b> | <input checked="" type="checkbox"/> PR <input type="checkbox"/> JO No.: | 0523 - 015 | Date: February 22, 2023 |

**ITEMS, SPECIFICATIONS, AND DESCRIPTIONS**

|  |                       |
|--|-----------------------|
| <b>ITEM 1</b>  | <b>3-IN-1 PRINTER</b> |
| <b>SPECIFICATIONS:</b>   |                       |
| <b>PRINTER</b>   |                       |
| * 3-in-1 print speeds of 33ppm   |                       |
| * High page yields of 4,500 (black) and 7,500 (Color)                              |                       |
| * Micro Piezo printhead  |                       |
| * Ink Technology - Dye ink   |                       |
| * All in one functions - Print, Scan, Copy   |                       |
| * Printing speed - 15 pages/min Colour (plain paper 75 g/m2), 33 pages/min black   |                       |
| * Monochrome included bottle ink yield - black (8,100 pages) , color (6,500 pages) |                       |

Note: 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>   |     |
|                                   | <b>Account No.:</b>   | 755 |
| <b>MODES AND TERMS OF PAYMENT</b> | Payable within 60 days after Issuance and Acceptance Report (IAR) |     |

|   |   |
|---|---|
| <b>REQUIRED SERVICES</b>  |   |
| <input type="checkbox"/> Free Delivery<br><input type="checkbox"/> Free Product Demonstration<br><input type="checkbox"/> Free Installation | <b>Others specify:</b><br>* With product warranty on parts and services |

|   |   |
|---|---|
| <b>REQUIRED CERTIFICATIONS/ PERMITS</b> | Supplier has updated business permit for 2023 |
|---|---|

|                       |  |
|-----------------------|--|
| <b>QUALIFICATIONS</b> | With valid official receipt, sales invoice, delivery receipt |
|-----------------------|--|

|                         |             |
|-------------------------|-------------|
| <b>AREA OF DELIVERY</b> | MKWD Office |
|-------------------------|-------------|

|                         |                                 |
|-------------------------|---------------------------------|
| <b>DATE OF DELIVERY</b> | Within 10 days after PO serving |
|-------------------------|---------------------------------|

|                         |  |
|-------------------------|--|
| <b>TIME OF DELIVERY</b> | Within office hours (8:00 A.M. to 5:00 P.M), Monday-Friday |
|-------------------------|--|

|                        |  |
|------------------------|--|
| <b>WARRANTY PERIOD</b> | As per existing terms & conditions of supplier that are valid and legal under the existing laws in the Philippines |
|------------------------|--|

|                  |                  |     |
|------------------|------------------|-----|
| <b>RETENTION</b> | <b>Amount:</b>   | n/a |
|                  | <b>Duration:</b> | n/a |

|                      |                            |
|----------------------|----------------------------|
| <b>TAX INCLUSIVE</b> | Yes - Indicate VAT or NVAT |
|----------------------|----------------------------|

|   |   |
|---|---|
| <b>OTHER CONDITIONS AND CONSTRAINTS</b> | * Return and replace products if non-compliant and/or defective |
|---|---|

|  |   |
|--|---|
| Prepared by:   | Reviewed by:  |
| <br><b>CHERYL S. CAREDÑO, MBA</b><br>OJT Division Manager                                    | <br><b>LALAINA A. WILARA, MPS</b><br>Department Manager A |
| Noted by:  | Approved/Disapproved by:                                  |
| <br><b>WILESPER LISANDRO M. ALQUEZA, CE,RMP,MBA</b><br>Materials Standard Committee Chairman | <br><b>STELLA M. GONZALES, MPS</b><br>General Manager     |