



Republic of the Philippines  
**METRO KIDAPAWAN WATER DISTRICT**  
 Lanao, Kidapawan City  
 Tel nos. (064)577-1533, 577-1865, Fax # (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"



**REQUEST FOR QUOTATION**

PR No. : 0323-018

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.

JIMMY 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	ROOM ACCOMMODATIONS(29 PAX INCLUSIVE OF ACCOMMODATION, MEALS, AND SNACKS) ((SEE ATTACHED TERMS OF REFERENCE))		1.00	LOT				<input type="checkbox"/>	<input type="checkbox"/>

GRAND TOTAL: \_\_\_\_\_

Signature Over Printed Name: \_\_\_\_\_

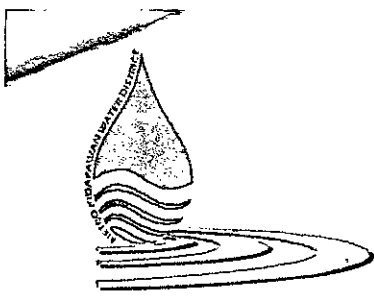
Contact Number (Landline/Cellphone)/Email Address \_\_\_\_\_

**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
- Manufacturer's PNS
- DTI Certificate

**OTHER TERMS AND CONDITIONS:**

1. 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. **On the day of the scheduled activity**
2. Bidders shall provide correct and accurate information required in this form.
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 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.
5. The item/s shall be delivered within **on the day of the activity** ( ) days / month 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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ISO 9001:2015 Certified  
 Cert. No. 66478

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**TERMS OF REFERENCE**

<b>PURPOSE</b>	<b>VENUE ACCOMODATION FOR THE CAPACITY BUILDING FOR BOARD OF DIRECTORS AND MANAGERS ON MARCH 31-APRIL 1, 2023</b>		
<b>PARTICULARS</b>	<input type="checkbox"/> PR <input type="checkbox"/> JO No.:	<b>Date:</b>	March 14, 2023

ITEMS, SPECIFICATIONS, AND DESCRIPTIONS	
<b>ITEM 1</b>	
<b>SPECIFICATIONS:</b>	
1	Overnight stay: March 31-April 01, 2023
2	Room Accommodation good for 29 pax
3	function room that can accommodate 29 pax with complete amenities and outdoor area for activities
4	4 meals (lunch, dinner, breakfast, lunch)
5	3 snacks individual serving (AM Snacks, PM Snacks and AM Snacks)

<b>SOURCE OF FUND</b>	<b>APP/PPMP Item No.:</b>	783
	<b>Account No.:</b>	783
<b>MODES AND TERMS OF PAYMENT</b>	on the day of scheduled activity	

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

<b>REQUIRED CERTIFICATIONS/ PERMITS</b>	-	
<b>QUALIFICATIONS</b>	-	
<b>AREA OF DELIVERY</b>	-	
<b>DATE OF DELIVERY</b>	on the day of the activity	
<b>TIME OF DELIVERY</b>	-	
<b>WARRANTY PERIOD</b>	-	
<b>RETENTION</b>	<b>Amount:</b>	-
	<b>Duration:</b>	-
<b>TAX INCLUSIVE</b>	Yes	

<b>OTHER CONDITIONS AND CONSTRAINTS</b>

Prepared by:	Reviewed by:
 <b>MYRNA R. VICTORIA, MBA</b> End User	 <b>MYRNA R. VICTORIA, MBA</b> Department Manager A
Noted by:	Approved/Disapproved by:
 <b>WILESPER LISANDRO M. ALQUEZA, CE/RMP/MBA</b>	 <b>STELLA M. GONZALES, MPS</b>