



REQUEST FOR QUOTATION

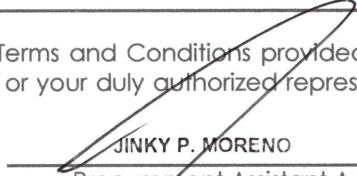
PR No. : _____

DATE : _____

JO No. : 0923-0012

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: <u>466,000-</u> 1 LOT PRINTING OF OFFICIAL RECEIPTS INTENDED FOR CUSTOMERS COLLECTION USE INCLUSION: 1. 112 BOXES 2. 4, 000 ORS IN A BOX 3. NEW SERIES OF OR START AT OR NO. 6100001 4. SEE ATTACHED LAST SERIES FOR SAMPLE AND REFERENCE						<input type="checkbox"/>	<input type="checkbox"/>	

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 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.
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 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 thirty (30) 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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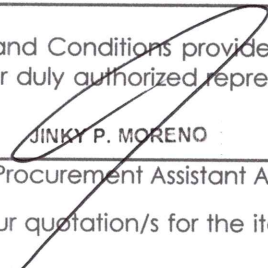
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	PhP: 466,000						

GRAND TOTAL: _____

Signature Over Printed Name: _____

Contact Number (Landline/Cellphone)/Email Address _____

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TERMS OF REFERENCE

PURPOSE	For issuance of official receipts to customers		
PARTICULARS	<input type="checkbox"/> PR <input checked="" type="checkbox"/> JO No.:	Date:	September 5, 2023

ITEMS, SPECIFICATIONS, AND DESCRIPTIONS	
ITEM 1 - Official Receipt SPECIFICATIONS: 1 112 boxes of ORs 2 4,000 ORs in a box 3 New series of OR will start at OR No. 6100001 4 See attached sample	ITEM 2 SPECIFICATIONS: 1 2 3 4
ITEM 3 SPECIFICATIONS: 1 2 3 4	ITEM 4 SPECIFICATIONS: 1 2 3 4
ITEM 5 SPECIFICATIONS: 1 2 3 4	ITEM 6 SPECIFICATIONS: 1 2 3 4

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.:	B.2.10, Item No. 3
	Account No.:	756

MODES AND TERMS OF PAYMENT	30 days upon delivery
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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	Copy of BIR Form No. 0605 Copy of Authority to Print Copy of Application for Authority to Print
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QUALIFICATIONS	Must be a Recognized Government Printer (RGP)
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AREA OF DELIVERY	MKWD Office
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DATE OF DELIVERY	30 days upon complete delivery
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TIME OF DELIVERY	Weekdays, 8:00am-5:00pm
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WARRANTY PERIOD	None
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RETENTION	Amount: None
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	Duration: None
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TAX INCLUSIVE	Yes
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OTHER CONDITIONS AND CONSTRAINTS
None

Prepared by: MELYN Y. LEYSA Division Manager	Reviewed by: LALAINA A. WITARA, MPS Department Manager A
Noted by: WILESPER LISANDRO M. ALQUEZA, CE/RMP/MBA Material Standards Committee Chairman	Approved/Disapproved by: STELLA M. GONZALES, MPS General Manager

OFFICIAL RECEIPT
of the
REPUBLIC OF THE PHILIPPINES
METRO KIDAPAWAN WATER DISTRICT
LANAO, KIDAPAWAN CITY
NON-VAT TIN 000-558-016-000



ISO 9001:2015
Cert. No. 66478

PAYOR _____ DATE: _____
ACCOUNT NO. _____

NATURE OF COLLECTION	AMOUNT
5% S/C Discount Fran. Fax	

CASH TOTAL: _____
 CHECK RECEIVED THE AMOUNT STATED ABOVE

No. **60999999** TELLER _____

PRINTER'S NAME: APO PRODUCTION UNIT, INC.	TIN: 000-396-233-000	ADDRESS: PIA BLDG. VISAYAS AVE. BRGY. VALSAG, QUEZON CITY	PRINTER'S ACCREDITATION NO. 038MP20190000000107	DATE ISSUED: 01-15-19	EXPIRY DATE: 01-15-24	
PTU NO. LLAR-108 0822-00003	BXS/BKLT NO. 112 Bxs	SETS 4000	COPIES PER SET 1	SERIAL NO. 5852001-8100000	BIR ATP NO. 108AU2022000002962	DATE ISSUED: AUGUST 5, 2022

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