



**REQUEST FOR QUOTATION**

PR No. : 0124-038

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 \_\_\_\_\_, 2024.

\_\_\_\_\_  
 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						
			PRICE				Compliance with technical specifications		REMARKS
			QTY.	per UNIT	UNIT PRICE	TOTAL	YES	NO	
	PhP: _____	<b>395,000.00</b>							
1	AUTOCLAVE UNIT ((PLEASE SEE ATTACHED TOR))		1.00	395,000	_____	_____	<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

**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.
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 Seven (7) 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.



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)  
 Web site: [www.metrokidapawanwd.gov.ph](http://www.metrokidapawanwd.gov.ph)

**"Committed to Service, Development and Self-Reliance"**  
 OFFICE OF THE ASSISTANT GENERAL MANAGER FOR OPERATIONS



ISO 9001:2015 Certified  
 Cert. No. 66478

**TERMS OF REFERENCE**

<b>PURPOSE</b>	For Microbiological Laboratory Operations		
<b>PARTICULARS</b>	<input checked="" type="checkbox"/> PR <input type="checkbox"/> JO No.:	Date	

ITEMS, SPECIFICATIONS, AND DESCRIPTIONS	
<b>ITEM 1 AUTOCLAVE UNIT</b> <b>SPECIFICATIONS:</b> 1 75L Minimum Capacity 2 Stainless Steel 3 With safety features for over temp/pressure 4 With anti-dryout function 5 With door sensor 6 LED Screen display 7 Complete wirings and converters 8 With calibration certificate	<b>ITEM 5</b> <b>SPECIFICATIONS:</b> 1 n/a 2 n/a 3 n/a 4 n/a <b>ITEM 4</b> <b>SPECIFICATIONS:</b> 1 n/a 2 n/a 3 n/a 4 n/a
<b>ITEM 3</b> <b>SPECIFICATIONS:</b> 1 n/a 2 n/a 3 n/a 4 n/a	<b>ITEM 6</b> <b>SPECIFICATIONS:</b> 1 n/a 2 n/a 3 n/a 4 n/a

**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> Laboratory Supplies
	<b>Account No.:</b> 760

<b>MODES AND TERMS OF PAYMENT</b>	Within 60 days upon receipt of delivery
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REQUIRED SERVICES	
<input checked="" type="checkbox"/> Free Delivery <input checked="" type="checkbox"/> Free Product Demonstration <input type="checkbox"/> Free Installation	Others specify:  N/A

<b>REQUIRED CERTIFICATIONS/ PERMITS</b>	PHILGEPS
	n/a
<b>QUALIFICATIONS</b>	n/a
	n/a

<b>AREA OF DELIVERY</b>	Laboratory Area, MKWD
<b>DATE OF DELIVERY</b>	Monday to Friday
<b>TIME OF DELIVERY</b>	8:00am to 5:00pm

<b>WARRANTY PERIOD</b>	n/a
<b>RETENTION</b>	<b>Amount:</b> n/a
	<b>Duration:</b> n/a
<b>TAX INCLUSIVE</b>	Yes, if applicable

OTHER CONDITIONS AND CONSTRAINTS
Return in case of non conformance

Prepared by:	Noted by:
 <b>EDUARD PAUL O. LAQUIHON, RMT</b> Medical Technologist - III	 <b>WILESPER LISANDRO M. ALQUEZA, CE, RMP, MBA</b> Material Standards Committee Chairman
Approved/Disapproved by:	
 <b>STELLA M. GONZALES, MPS</b> General Manager	