### Republic of the Philippines METRO KIDAPAWAN WATER DISTRICT

Lango, Kidapawan City Telnos. (064)577-1533, 577-1835, Fax # (064) 572-5555 E-mail Address: m

Website: ww "Committed to Serv





Cert. No. 66478

metrokidapawan wd@yahoo.com	MI
w.metrokidapawanwd.gov.ph	Constant of
vice, Development and Self-Reliance	

D M.	0000 004	REQUES	T FOR G	SUO	TATION					
'K NO. :	0222-006						DATE	:		
O No. :								Same		
Name of C	Company:									
Address:							······			
Business F	Permit No:									_
IN No.:										
dorsal po	Please quote your best offer fo ortion of this Request for Quotati than, 2022.	r the item/s de on. Submit you	escribed ur quotat	belo ion c	w, subject to luly signed b	o the Terms by you or yo	our duly	authori	ns provided at zed represento Assistant A	the itive
	having carefully read and acce	pted the Term	s and Co	nditio	ons below, I,	/we submit	our gu	otation/s	s for the item/s	as
ollows:										
		Approved				OFF	ER			
ITEM #	ITEM DESCRIPTION	Budget of the Contract			PRICE		with te	oliance chnical cations	REMARKS	
	PhP:	0.00	QTY. U	JNIT	UNIT PRICE	TOTAL	YES	NO		
1	ALCOHOL, ALCOHOL (500ML	) LAB	60.00 BC	T						
2	WATER, LIQUID AMMONIA		24.00 BC	T						
3	THREAD, BALL THREAD		12.00 rol	1						
4	CELLOPHANE, SANDO BAG (	XL)	36.00 pc	:k						
5	CELLOPHANE, SANDO BAG (	SMALL)	36.00 pc	k						
6	COTTON, COTTON (400 GRAM (ROLL)	AS)	4.00 pc							
7	ALCOHOL, DENATURED/GAL		11.00 G	allons						
8	SOAP, LIQUID DISHWASHING	ì	60.00 BC	TC						
9	DISINFECTANT, DISINFECTA	NT (LYSOL)	48.00 BC	TC						
10	distilled, DISTILLED WATER 10	DL	34.00 co	ontai						
11	RUG, FLOOR RUGS		12.00 pc							
12	BAG, GARBAGE (GREEN)		12.00 pc	ack	-					
13	BAG, GARBAGE BAG (BLACK	(2)	12.00 pc	k						
14	BAG, GARBAGE YELLOW		12.00 pc	ack						
15	CLEANER, GLASS CLEANER (	FOR LAB)	12.00 BC	TC						
16	DISINFECTANT, LIQUID HAN SOAP	DWASH	38.00 BC	TC						
Ø N □ P	ubmit the following requireme Mayor's Permit Irofessional License/Curriculum (C hilgeps Registration Number		ices)		PCAB Licens Income Busi Omnibus Sw	ness Tax Re				
<ol> <li>The mo</li> <li>Bidders</li> <li>Bidders</li> <li>Price quality</li> </ol>	RMS AND CONDITIONS:  ade of payment is within Six ( shall provide correct and accur may quote for any at all times e uotation/s must have:	ate information xcept for one	n required	d in t	nis form.	(2)months	□ On	e (1)mor	nth.	
<u> </u>	validity - Thirty (30) Calendar inclusion of tax Quotations exceeding the Apparatus of contract shall be marked.	oproved Budg						)		



- validity - Thirty (30) Calendar days

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)

- inclusion of tax

### Republic of the Philippines

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#### "Committed to Service, Development and Self-Reliance" REQUEST FOR QUOTATION PR No. : 0222-006 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 \_\_\_\_\_\_, 2022. ORENO 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 Compliance PRICE REMARKS ITEM # ITEM DESCRIPTION with technical Contract specifications PhP: 0.00 QTY. UNIT UNIT PRICE TOTAL YES NO DISINFECTANT, LIQUID (ZONROX) BOT. 12.00 BOT 17 (GALLOON SIZE) distilled, INSECTICIDE 11.00 BOT 18 П (BAYGON) DISINFECTANT, DISINFECTANT (LYSOL) 24.00 BOT 19 144.00 pc TISSUE, 3-PLY TISSUE PAPER 20 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. Bidders may guote for any at all times except for one (1) lot requisition. 4. Price quotation/s must have:

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Lanao, Kidapawan City

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Website: www.metrolidapawanwd.gov.ph
"Committed to Service, Development and Self-Reliance"
OFFICE OF THE ASSISTANT GENERAL MANAGER FOR OPERATIONS





ISO 9001:2015 Cerlified Cert. No. 66478

## TERMS OF REFERENCE

		al Laboratory Operatio	ns for CY 20	)22					
PARTICULARS	■PR □JO No.:	p333 -00A	Date:	01/21/2022					
ITEMS, SPECIFICATIONS, AND DESCRIPTIONS									
1 Isopropyl Alcohol (70% Alcohol) (500ml per bottle, 15 bottles)									
2 Liquid Ammonia (150ml minimum, placed in abber bottle, 4 bottles)									
	3 Ball Thread (standard legth/roll, 2 rolls)								
	(5								
	6 Cotton Roll (400 grams/ 3 rolls)								
	7 Denatured Alcohol (in plastic containers/ 2 Gallons with 4 liters)								
8 Dishwashing Liquid (with Antibacterial property, 350ml)									
	9 Aerosol Disinfectant Spray (510grams, spray bottles)								
	10 Distilled Water (10L per container)								
	<ul><li>11 Floor Rugs (Liquid absorbent cloth material)</li><li>12 Garbage Bag (Black, standard garbage bin size)</li></ul>								
13 Garbage Bag (Green,	standard garbagi	e bin size)							
14 Garbage Bag (Yellow	, standard garbaç , standard garba;	ge bii i size)							
15 Glass Cleaning Solution	n (Spraver 500ml	ae pii i sisel							
	15 Glass Cleaning Solution (Sprayer, 500ml) 16 Hand Soap (Liquid soap with dispenser, 500ml per bottle)								
17 Household Bleach (4 li	ters per gallons)	occini per bonne)							
18 Insecticide Spray (500	arams spray bott	le1							
19 Liquid Disinfectant (in p			I solution 2	liters per hottles)					
20 Tissue Paper (3-ply)	( ) = 2.4m.	a amany agricum and a	. 30.01.011, 2	mors per cornes,					
SOURCE OF FUND		APP/PPMP Item No.:	760						
SOURCE OF TORD	Land Control of the C	Account No.:	760						
MODES AND TERMS OF PAY		Within 60 (Sixty) days aft		env of items					
		REQUIRED SERVICES	Or Toll Golly	Cry Of Herris					
Free Delivery		T T	<u> </u>						
	200	Others specify:							
Free Product Demonstration									
Free Installation									
REQUIRED CERTIFICATIONS	PERMITS I	√/A							
	P	V/A	***************************************						
QUALIFICATIONS	1	V/A							
N/A									
REA OF DELIVERY MKWD Office									
DATE OF DELIVERY									
TIME OF DELIVERY	AE OF DELIVERY 8am - 5pm								
ARRANTY PERIOD 11 Year									
RETENTION		mount:	N/A						
			N/A						
TAX INCLUSIVE	Y	ES							
	OTHER CO	ONDITIONS AND CONST	RAINTS						
For return and replacemen									