



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.

 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						
			PRICE			Compliance with technical specifications		REMARKS	
			QTY.	UNIT	UNIT PRICE	TOTAL	YES		NO
	PhP: _____	0.00							
1	ALCOHOL, ALCOHOL (500ML) LAB	60.00	BOT				<input type="checkbox"/>	<input type="checkbox"/>	
2	WATER, LIQUID AMMONIA	24.00	BOT				<input type="checkbox"/>	<input type="checkbox"/>	
3	THREAD, BALL THREAD	12.00	roll				<input type="checkbox"/>	<input type="checkbox"/>	
4	CELLOPHANE, SANDO BAG (XL)	36.00	pck				<input type="checkbox"/>	<input type="checkbox"/>	
5	CELLOPHANE, SANDO BAG (SMALL)	36.00	pck				<input type="checkbox"/>	<input type="checkbox"/>	
6	COTTON, COTTON (400 GRAMS) (ROLL)	4.00	pc				<input type="checkbox"/>	<input type="checkbox"/>	
7	ALCOHOL, DENATURED/GAL	11.00	Gallons				<input type="checkbox"/>	<input type="checkbox"/>	
8	SOAP, LIQUID DISHWASHING	60.00	BOT				<input type="checkbox"/>	<input type="checkbox"/>	
9	DISINFECTANT, DISINFECTANT (LYSOL)	48.00	BOT				<input type="checkbox"/>	<input type="checkbox"/>	
10	distilled, DISTILLED WATER 10L	34.00	contai				<input type="checkbox"/>	<input type="checkbox"/>	
11	RUG, FLOOR RUGS	12.00	pc				<input type="checkbox"/>	<input type="checkbox"/>	
12	BAG, GARBAGE (GREEN)	12.00	pack				<input type="checkbox"/>	<input type="checkbox"/>	
13	BAG, GARBAGE BAG (BLACK)	12.00	pck				<input type="checkbox"/>	<input type="checkbox"/>	
14	BAG, GARBAGE YELLOW	12.00	pack				<input type="checkbox"/>	<input type="checkbox"/>	
15	CLEANER, GLASS CLEANER (FOR LAB)	12.00	BOT				<input type="checkbox"/>	<input type="checkbox"/>	
16	DISINFECTANT, LIQUID HANDWASH SOAP	38.00	BOT				<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 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)



Republic of the Philippines
METRO KIDAPAWAN WATER DISTRICT
 Lanao, Kidapawan City
 Tel nos. (064)577-1533, 577-1885, Fax # (064) 572-5555
 E-mail Address: metrokidapawan_wd@yahoo.com
 Website: www.metrokidapawanwd.gov.ph
 "Committed to Service, Development and Self-Reliance"



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[Signature]

 Procurement Assistant A

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ITEM #	ITEM DESCRIPTION	Approved Budget of the Contract	OFFER						
			PRICE				Compliance with technical specifications		REMARKS
			QTY.	UNIT	UNIT PRICE	TOTAL	YES	NO	
	PhP: _____	0.00							
17	DISINFECTANT, LIQUID (ZONROX) BOT. (GALLOON SIZE)		12.00	BOT	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	
18	distilled, INSECTICIDE (BAYGON)		11.00	BOT	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	
19	DISINFECTANT, DISINFECTANT (LYSOL)		24.00	BOT	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	
20	TISSUE, 3-PLY TISSUE PAPER		144.00	pc	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	

GRAND TOTAL: _____

Signature Over Printed Name: _____

Contact Number (Landline/Cellphone)/Email Address _____

Please submit the following requirements:

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 OFFICE OF THE ASSISTANT GENERAL MANAGER FOR OPERATIONS



TERMS OF REFERENCE

PURPOSE	For Microbiological Laboratory Operations for CY 2022		
PARTICULARS	<input checked="" type="checkbox"/> PR <input type="checkbox"/> JO No.:	0222 -006	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)
4	Cellophane (Sando Bag, Extra Large)
5	Cellophane (Sando Bag, Tiny)
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)
11	Floor Rugs (Liquid absorbent cloth material)
12	Garbage Bag (Black, standard garbage bin size)
13	Garbage Bag (Green, standard garbage bin size)
14	Garbage Bag (Yellow, standard garbage bin size)
15	Glass Cleaning Solution (Sprayer, 500ml)
16	Hand Soap (Liquid soap with dispenser, 500ml per bottle)
17	Household Bleach (4 liters per gallons)
18	Insecticide Spray (500 grams spray bottle)
19	Liquid Disinfectant (in plastic containers/ Gallon, concentrated solution, 2 liters per bottles)
20	Tissue Paper (3-ply)

SOURCE OF FUND	APP/PPMP Item No.:	760
	Account No.:	760

MODES AND TERMS OF PAYMENT	Within 60 (Sixty) days after full delivery of items
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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	N/A
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QUALIFICATIONS	N/A
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AREA OF DELIVERY	MKWD Office
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DATE OF DELIVERY	Monday to Friday
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TIME OF DELIVERY	8am - 5pm
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WARRANTY PERIOD	1 Year
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RETENTION	Amount:	N/A
	Duration:	N/A

TAX INCLUSIVE	YES
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OTHER CONDITIONS AND CONSTRAINTS	
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For return and replacement if item/s do not conform to end-user standards.