



REQUEST FOR QUOTATION

PR No. : 0222-009

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.

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: _____	0.00							
1	DISH, PETRI DISH DISPOSABLE	5,050.00	pc					<input type="checkbox"/>	<input type="checkbox"/>
2	DISH, PETRI DISH GLASS	50.00	pc					<input type="checkbox"/>	<input type="checkbox"/>
3	TUBE, DURHAM TUBES/SHELL VIALS	840.00	pc					<input type="checkbox"/>	<input type="checkbox"/>
4	TUBE, TEST TUBE WITH SCREW CAP 25X150 PYREX	240.00	pc					<input type="checkbox"/>	<input type="checkbox"/>
5	TUBE, TEST TUBE 20X150MM	72.00	pc					<input type="checkbox"/>	<input type="checkbox"/>
6	TUBE, TEST TUBE RACK	12.00	pc					<input type="checkbox"/>	<input type="checkbox"/>

GRAND TOTAL: _____

Signature Over Printed Name: _____

Contact Number (Landline/Cellphone)/Email Address _____

Please submit the following requirements:

- 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:

- The mode of payment is within Six (6) months Three (3)months Two (2)months One (1)month.
- Bidders shall provide correct and accurate information required in this form.
- Bidders may quote for any at all times except for one (1) lot requisition.
- 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
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 E-mail Address: metrokidapawan_wd@yahoo.com
 Website: www.metrokidapawanwd.gov.ph
"Committed to Service, Development and Self-Reliance"
 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 - 069	Date: 01/21/2022
ITEMS, SPECIFICATIONS, AND DESCRIPTIONS			
1 Petri Dish (Glass/Autoclaveable; standard size) 2 Petri Dish (Single use, Disposable, Standard Size) 3 Shell Vials (Autoclaveable, standard size) 4 Screw-Capped Test Tube (25x150mm) 5 Test Tube (20x150mm) 6 Test Tube Rack for 25mm (40 holes. 4x10, Autoclaveable) 7 Wide-Mouth, Screw-Capped PPCO Bottles (Autoclaveable 125mL capacity) 8 9 10 11 12 13 14			
SOURCE OF FUND	APP/PPMP Item No.:	760	
	Account No.:	760	
MODES AND TERMS OF PAYMENT	Payable within 180 days from delivery of items		
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		
QUALIFICATIONS	N/A		
AREA OF DELIVERY	MKWD Office		
DATE OF DELIVERY	-		
TIME OF DELIVERY	8am - 5pm		
WARRANTY PERIOD	1 Year		
RETENTION	Amount:	N/A	
	Duration:	N/A	
TAX INCLUSIVE	YES		
OTHER CONDITIONS AND CONSTRAINTS			
For return and replacement if item/s do not conform to end-user standards.			