



METRO KIDAPAWAN WATER DISTRICT

Lanang, Kidapawan City

Tel.nos. (064)577-1533, 577-1865, Fax # (064) 572-5555

E-mail Address: metrokidapawan_wd@sybaoo.com

Website: www.metrokidapawanawd.gov.ph

"Committed to Service, Development and Self-Reliance"



ISO 9001:2015 Certified
Cert. No. 65478

REQUEST FOR QUOTATION

PR No. : 0622-005

JO No. :

Name of Company:

Address:

Business Permit No:

TIN No.:

DATE :

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.

_____ 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 PRICE | TOTAL | YES | NO |
| 1 | MEALS & SNACKS (SEE ATTACHED TOR & PREFERRED MENU)) | 0.00 | 1.00 | LOT | | <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 _____ () 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



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TERMS OF REFERENCE

| | | |
|--------------------|---|-----------------|
| PURPOSE | PROCUREMENT OF MKWD SERVER | |
| PARTICULARS | <input checked="" type="checkbox"/> PR <input type="checkbox"/> JO No.: | Date: 28-Apr-22 |

| ITEM 1 |
|--|
| SPECIFICATIONS: 1. Dell PowerEdge T640 2. Intel Xeon Silver 4210R 2.4G, 10C/20T, 9.6GT/s, 13.75M Cache, Turbo, HT 3. 4 x 16GB RDIMM, 3200MT/s, Dual Rank 4. 2 x 480GB SSD SATA Mixed Use 6Gbps 512e 2.5in Hot-Plug, CUS Kit 5. 600GB 10K RPM SAS 12Gbps 512n 2.5in Hot-plug Hard Drive 6. Chassis with up to 16 x 2.5" SAS/ SATA Hard Drives, Tower Configuration 7. WARRANTY (3 year ProSupport NBD) 8. Black Dell KB216 Wired Multi-Media Keyboard English Dell Optical Mouse MS116 – Black 9. SMT1500RM12UC UPS Payment Term: 30 Days PDC / Terms Price validity: May 2022 Delivery: 30-45 days Availability : On stock Cancellation Terms: 20% Re-stocking fee will be charged for return or cancelled order for order basis items. |

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.: |
| | Account No.: |
| MODES AND TERMS OF PAYMENT | Thirty (30) days upon delivery |

| | |
|--|-----------------|
| <input checked="" type="checkbox"/> Free Delivery <input type="checkbox"/> Free Product Demonstration <input type="checkbox"/> Free Installation | Others specify: |
|--|-----------------|

| | |
|---|-----------------|
| REQUIRED CERTIFICATIONS/ PERMITS | Business Permit |
| QUALIFICATIONS | N/A |

| | |
|-------------------------|---|
| AREA OF DELIVERY | MKWD MAIN OFFICE Brgy. Lanao Kidapawan City |
| DATE OF DELIVERY | Monday to Friday |
| TIME OF DELIVERY | 8:00am to 5:00pm |

| | |
|------------------------|-------------------------|
| WARRANTY PERIOD | 3 years |
| RETENTION | Amount: N/A |
| TAX INCLUSIVE | Duration: if applicable |

OTHER CONDITIONS AND CONSTRAINTS

RETURN ITEM IN CASE OF NON COMPLIANCE

| | |
|---|--|
| Prepared by: | Reviewed by: |
| MARK ANTHONY BILOY Casual | LALAINA A. WITARA, MPS Department Manager, CSD |

| | |
|--|---|
| Noted by: | Approved/Disapproved by: |
| WILESPER LISANDRO M. ALQUEZA, CE/RMP/MBA Maternal Standards Committee Chairman | STELLA M. GONZALES, MPS General Manager |