



Republic of the Philippines
METRO KIDAPAWAN WATER DISTRICT
 Lanao, Kidapawan City
 Tel nos. (064)577-1533, 577-1865, Fax # (064) 572-5555
 E-mail Address: metrokidapawan_wd@yahoo.com
 Website: www.metrokidapawanwd.gov.ph
 "Committed to Service, Development and Self-Reliance"



REQUEST FOR QUOTATION

PR No. : 1022-019

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							
			PRICE				Compliance with technical specifications		REMARKS	
			QTY.	UNIT	UNIT PRICE	TOTAL	YES	NO		
PhP: _____		0.00								
1	Lauryl Sulfate Broth ((500g/bottle, FDA-BAM Grancult*, Granulated))		6.00	Bot				<input type="checkbox"/>	<input type="checkbox"/>	
2	Brilliant-green bile lactose ((500g/bottle, FDA-BAM Grancult*, Granulated))		4.00	Bot				<input type="checkbox"/>	<input type="checkbox"/>	
3	EC (Eschericia coli) ((500g/bottle, Granulated))		4.00	Bot				<input type="checkbox"/>	<input type="checkbox"/>	
4	Plate Count Agar ((500g/bottle))		4.00	Bot				<input type="checkbox"/>	<input type="checkbox"/>	
5	EST Coliform 100 ((20pcs/box, readycult, granulated))		1.00	Box				<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)
 - Erasures or overwriting is not allowed unless signed by duly authorized representative/s.
- The item/s shall be delivered within Ten (10) days / months from receipt of Notice to Proceed (NTP) with Purchase Order & Notice of Award (NOA) and Job Order Contract & Notice of Award (NOA).
- The awardee shall notify two (2) days before its delivery of goods and services.
- The MKWD shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
- 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.



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ISO 9001:2015 Certified
 Cert. No. 66478

TERMS OF REFERENCE

PURPOSE	Reagent for Microbiological Laboratory Operations		
PARTICULARS	<input checked="" type="checkbox"/> PR <input type="checkbox"/> JO No.:	Date:	10/14/2022
ITEMS, SPECIFICATIONS, AND DESCRIPTIONS			
1 6 bottles Lauryl Sulfate Broth (500g/bottle, FDA-BAM Grancult*, Granulated) 2 4 bottles Brilliant-green bile lactose (500g/bottle, FDA-BAM Grancult*, Granulated) 3 4 bottles EC (Eschericia coli) (500g/bottle, Granulated) 4 4 bottles Plate Count Agar (500g/bottle) 5 1 box EST Coliform 100 (20pcs/box, readycult, granulated)			
SOURCE OF FUND	APP/PPMP Item No.:	760	
	Account No.:	760	
MODES AND TERMS OF PAYMENT	Within 90 days after full delivery of items		
REQUIRED SERVICES			
<input checked="" type="checkbox"/> Free Delivery <input type="checkbox"/> Free Product Demonstration <input type="checkbox"/> Free Installation		Others specify: items must be in atleast with 2 to 3 years shelf life	
REQUIRED CERTIFICATIONS/ PERMITS	MANUFACTURER'S PNS AND DTI CERTIFICATION		
	N/A		
QUALIFICATIONS	N/A		
	N/A		
AREA OF DELIVERY	MKWD Office		
DATE OF DELIVERY	Monday to Friday		
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.			
Prepared by:		Reviewed by:	
 ESMERALDO P. DAGAN Division Manager - GS		 MYRNA R. VICTORIA, MBA Department Manager - AHR	
Noted by:		Approved/Disapproved by:	
 WILESPER LISANDRO M. ALQUEZA, CE/RMP/MBA Material Standards Committee Chairman		 STELLA M. GONZALES, MPS General Manager	