Please quote your prices for the article described below including Philippine taxes. In your offer please specify brand of any pertinent data of your product or services for proper information and guidance. Please do not quote for any article/services that are not found in your stock in order to prevent delay or non-delivery which may debar you from further participation in the canvass. Sign legibly the canvass on space provided for your signature after submitting your quotation, otherwise your bid will be considered invalid.

The contract will be awarded only to the bonafide dealers whose proposals appeared to be the most advantageous to the government, but the right is reserved to reject or to accept only all item and bids to were any formalities thereof as to Committee on Bids and Awards may determine.

Please submit your quotation/requirements for the following items at CKWD-Admin office, City of Koronadal.

<table>
<thead>
<tr>
<th>Item No</th>
<th>Qty</th>
<th>Unit</th>
<th>Description</th>
<th>Unit Price</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>25</td>
<td>samples</td>
<td>Physical &amp; Chemical Test - Laboratory Fee (Water Sources) 25 samples</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Five (5) Parameters: Arsenic, Nitrate, Color (Apparent), pH and TDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>20</td>
<td>samples</td>
<td>Physical &amp; Chemical Test - Laboratory Fee (Consumer's Taps)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Five (5) Parameters: Cadmium, Lead, Color (Apparent), Turbidity, pH</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note:

Testing Facility should be within Region 11 and 12

Laboratory testing address:__________

Test results should be sent within one month upon receiving the water samples

Test results should be in digital or hard copy

The supplier must have a valid DOH Accredited testing laboratory

Additional Requirements (Compliance upon submission of quotation)

Must submit a valid Business Permit or any proof of facility within Mindanao

Must submit a valid DOH Accreditation Laboratory Certificate or any similar documents

Refer to the attached Terms of Reference

"Nothing Follows"

Grand Total:
Terms and Conditions:

> Payment term: 30 Calendar Days

> Delivery Days: 30 Calendar Days upon receipt of Conformed Notice to Proceed

> Supplier must have a testing facility within Region 11 and 12

> The result should be sent within one month upon receiving the water samples

> Test results could be in digital or hard copy

> The supplier must be a valid DOH Accredited testing laboratory.

> Quotations exceeding the Approved Budget for the Contract shall be rejected.

> Incomplete or no offer on any of the items will be ground for disqualification.

> Any interlineations, erasures or overwriting shall be valid only if they are signed or initialed by you or any of your duly authorized representative/s.

> 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 CKWD 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.

Price quoted must be tax inclusive:

Tax Computation:
- Subject to 3% VAT & 2% (services) or 1% (goods) w/tax of the total amount for NON-VAT
- Subject to 5% VAT & 2% (services) or 1% (goods) w/tax to the 10/11.2 of the total amount for VAT
- Validity of quoted prices

For more information, please contact:
The BAC Secretariat
Nancy Bagatow/ Ryele Barro/ Louise Mycee R. Subaldo
Blk.1 Casa Subdivision, Brgy Zone III, City of Koronadal
Tel/Fax No.: (083)228-4049/550-0674/ (083)228-8141
Mobile number: 09486540266
Email Add: ckwdubac@gmail.com and mycsubaldo@gmail.com

Requested by: (Sgd.) ENGR. JONATHAN Q. GADAYAN
BAC Chairman
Date:_____________

PRICE QUOTED BY: ______________________
Signature Over Printed Name & Position (Supplier)
Date:_____________