



Republic of the Philippines
CITY OF KORONADAL WATER DISTRICT

Blk. 1, Casa Subd., Brgy. Zone III, City of Koronadal
Tel nos. (083)228-4049, 520-0674, Fax no. (083)228-8141
E-mail Address: ckw_d_koronadacity@yahoo.com
Website: www.ckw_d.gov.ph



REQUEST FOR QUOTATION

SUPPLIER: _____
ADDRESS: _____
TELEPHONE: _____ VAT ___/ NON-VAT ___
EMAIL ADDRESS: _____
TIN: _____

Date: _____

RFQ No. _____

Sir/Madam:

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 Please do not quote for any article/services that are not found in your stock in order to prevent delay or non-delivery which may debar you from further participation in the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.**

Please quote your lowest price/offer

- Deadline for Submission: **August 22, 2023 @ 12:00 noon**
- Approved Budget for the Contract: **P 270,000.00**
- Contract Duration: **30 Calendar Days**
- Purchase Request Number: **PWR-23-06-052**

Item No	Qty	Unit	Description	Unit Price	Total Amount
1	27	samples	Physical & Chemical Test - (Source)		
2	27	samples	Physical & Chemical Test - (Consumer's Tap)		
			Note:		
			The supplier must have a testing facility 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 be 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 Region 11 or 12		
			Must submit a valid DOH Accreditation Laboratory Certificate or any similar documents		
			<i>Refer to the attached Terms of Reference</i>		
			Nothing Follows		
			Grand Total:		

Terms and Conditions:

- > **Payment term:** 30 Calendar Days
- > **Delivery Days:** 30 Calendar Days upon receipt of Conformed Notice to Proceed
- > 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
Ryele B. Barro/ Louise Mycee R. Subaldo
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Tel/Fax No.:(083)-228-4049/520-0674/ (083)228-8141
Mobile number: 09486540266
Email Add: ckwdbac@gmail.com and mycsubaldo@gmail.com

Requested by:

PRICE QUOTED BY:

(Sgd.) ENGR. JONATHAN Q. GADAYAN

BAC Chairman

Date: _____

Signature Over Printed Name & Position (Supplier)

Date: _____