



REQUEST FOR QUOTATION

NAME, ADDRESS & TEL/FAX NO. OF SUPPLIER

PLEASE QUOTE YOUR LOWEST PRICE, NET OF ANY POSSIBLE DISCOUNT:

WITH PRODUCT BROCHURE

DEADLINE FOR SUBMISSION(DATE/TIME)

October 20, 2017

CANVASS OPENING DATE/TIME

October 23, 2017 8:00 AM

DELIVERY REQUIREMENT WITHIN 7 CD CALENDAR DAYS FROM RECEIPT OF APPROVED NOTICE TO PROCEED

REF. P.R. NO.: 2017-10-160

APPROVED BUDGET: P 30,600.00

PURPOSE : for bacteriological test (4th quarter)

QUOTED BY:

PRINT AND SIGN NAME/POSITION

ITEM NO	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL AMOUNT
	17 Sampling Test in Different Areas (per month)x 3 months (mainggit matab-ang lihan luray tubod sangi public market toledo hospital cabtoonan awihao bato laguna cantabacco das magdugo bulongan. TOTAL REQUEST PARAMETERS TOTAL COLIFORM, FECAL COLIFORM E-COLI DETERMINATION HPC) (supplier must be within Cebu Province)	51	sample		
			0		
			0		

TERMS AND CONDITIONS:

- 1) AS A GOVERNMENT AGENCY, TCWD SHALL DEAL ONLY WITH LEGITIMATE SUPPLIERS/ CONTRACTOR WHICH ISSUE BIR REGISTERED O.R.s;
- 2) QUOTED PRICES MUST BE INCLUSIVE OF 5% TAX FOR MATERIALS & SUPPLIES 6% FOR LABOR AND 1% EXPANDED WITHHOLDING TAX;
- 3) ALL QUOTATIONS SHALL BE FIRM AND VALID FOR A PERIOD OF AT LEAST THIRTY (30) DAYS FROM THE DATE OF RECEIPT OF QUOTATION & SHALL BE BINDING UPON THE SUPPLIER WITHIN THE PERIOD;
- 4) TCWD RESERVES THE RIGHT TO POST-QUALIFY ANY SUPPLIER AND/OR TO REJECT ANY OR SUBMITTED QUOTATIONS;
- 5) P.O./CONTRACT SHALL BE AWARDED TO THE LOWEST EVALUATED RESPONSIVE BID, DELIVERED ITEMS ARE SUBJECT TO INSPECTION. WITH PAYMENT PROCESSING TO COMMENCE ONLY AFTER ACCEPTANCE BY THE PROPERTY CONTROL DIVISION; AND
- 6) TERMS OF PAYMENT WITHIN 30 DAYS FROM DATE OF ACCEPTANCE.

REQUESTED BY:

JENN GLAIZA C. GALLEG0

Indus. Rel. Mgmt. Officer B.

RECOMMENDING APPROVAL:

MARY DESIREE A. CABANTE

BAC Chairman

ARLENE V. MERCADER

Division Manager, Administrative

APPROVED BY:

FRANCISCO R. ABELLANA

General Manager