



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)

April 10, 2017

CANVASS OPENING DATE/TIME

April 11, 2017 8:00 AM

DELIVERY REQUIREMENT WITHIN 7

CALENDAR DAYS FROM RECEIPT OF APPROVED NOTICE TO PROCEED

REF. P.R. NO.:

2017-03-077

APPROVED BUDGET: P

10,200.00

PURPOSE : BACTERIOLOGICAL FOR THE MONTH OF APRIL (2nd QUARTER) 792-09

QUOTED BY:

PRINT AND SIGN NAME/POSITION

ITEM NO	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL AMOUNT
	17 Sampling Test in Different Area (mainggitmatab-angilihanluraytubodsangipublic markettoledo hospitalbitoonawihaobatalagunacantabacodasmagdugobulonganabaca) * TOTAL COLIFORM * FECAL COLIFORM * E. COLI DETERMINATION * HPC	17	btls		
			0		
			0		
			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. GALLEGO

Indus. Rel. Mgmt. Officer B.

RECOMMENDING APPROVAL:

ARLENE V. MERCADER

Division Manager, Administrative

APPROVED BY:

FRANCISCO R. ABELLANA

General Manager