



**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) August 11, 2017

CANVASS OPENING DATE/TIME August 14, 2017 8:00 AM

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

REF. P.R. NO.: 2017-08-132 APPROVED BUDGET: P 10,200.00

PURPOSE : BACTERIOLOGICAL FOR THE MONTH OF AUGUST (3RD 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 (mainggit matab-ang ilihan luray tubod sangi public market toledo hospital cabitoonan awihao bato laguna cantabaco das magdugo bulongan. TOTAL REQUEST PARAMETERS TOTAL COLIFORM. FECAL COLIFORM E-COLI DETERMINATION HPC	17	sample 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