



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)

September 28, 2017

CANVASS OPENING DATE/TIME

September 29, 2017 8:00 AM

DELIVERY REQUIREMENT WITHIN 7

CALENDAR DAYS FROM RECEIPT OF APPROVED NOTICE TO PROCEED

REF. P.R. NO.: 2017-09-149

APPROVED BUDGET: P 10,800.00

PURPOSE : BACTERIOLOGICAL FOR THE MONTH OF SEPTEMBER (3RD QUARTER) 792-09

QUOTED BY:

PRINT AND SIGN NAME/POSITION

ITEM NO	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL AMOUNT
	18 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	18	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:


MARY DESIREE A. CABANTE

BAC Chairman


ARLENE V. MERCADER


Division Manager, Administrative

APPROVED BY:


FRANCISCO R. ABELLANA

General Manager

APPROVED BY:


FRANCISCO R. ABELLANA