

February 2, 2024

P-RFQ No. 2024-021

REQUEST FOR QUOTATION

SUPPLY AND DELIVERY OF VARIOUS OFFICIAL FORMS OF SANTA MARIA WATER DISTRICT (GS-2024-01-003)

The Santa Maria Water District (SMWD) hereinafter referred to as "the Purchaser", through its Bids and Awards Committee (BAC), invite interested parties to submit price quotation for the project, "**SUPPLY AND DELIVERY OF VARIOUS OFFICIAL FORMS OF SANTA MARIA WATER DISTRICT**" through Small Value Procurement (Sec. 53.9 of R.A. No. 9184) with Approved Budget for the Contract (ABC) of Three Hundred Ninety Thousand Seven Hundred Fifty Pesos Only (**₱390,750.00**).

	Description	Qty	Unit	Unit Cost	Total Amount
1	BINCARD – 135mm x 210mm; tag board 14 pts	1,000	PC		
2	CASH VOUCHER – 165mm x 215mm; carbonless; duplicate (white and pink)	100	PAD		
3	DISBURSEMENT VOUCHER – 215mm x 178mm; carbonless; duplicate (white and pink)	85	PAD		
4	INSPECTION & ACCEPTANCE REPORT – 213mm x 273mm; carbonless; triplicate (white, yellow and pink)	30	PAD		
5	PURCHASE ORDER – 216mm x 280mm; carbonless; triplicate (white, pink and yellow)	10	PAD		
6	RETURNED MATERIAL SLIP – 214mm x 174mm; carbonless; triplicate (white, pink and yellow)	100	PAD		
7	SERVICE APPLICATION CARD – 165mm x 215mm; vellum; 120 lbs	5,000	PC		
8	SERVICE ORDER – 219mm x 170mm; carbonless; triplicate (white, pink and yellow)	100	PAD		
9	LETTERHEAD A4 90 gsm, white material: bond/specialty size: A4 210mm x 297mm	34	REAM		
10	LETTERHEAD LONG 90 gsm, white	40	REAM		



	material: bond/specialty size: Long 8.5" x 13"				
	*** nothing follows ***				

All items listed under the purchaser's specifications must be complied on a pass-fail basis.

Failure to meet any one of the requirements will result to rejection.

Likewise, it is understood that Purchaser's specifications are minimum requirements. The Bidder/Supplier may offer higher specifications or additional items, if any.

Procurement procedures will be conducted in accordance with the provisions of the Implementing Rules and Regulations (IRR) of Republic Act No. 9184 (Government Procurement Reform Act).

It is the intent of the Purchaser to evaluate the quotation for the item and award will be made to the quotation resulting in the overall lowest cost, meeting purchaser's technical specifications.

Likewise, in accordance with Section 54.6 and Appendix A of Annex "H" (Consolidated Guidelines for the Alternative Methods of Procurement) of the IRR of RA No. 9184, the supplier shall provide the following documentary requirements as a **condition for award** of the contract. The documents shall be attached together with the quotations.

1. PhilGEPS Registration Number
2. Mayor's/Business Permit
3. Photo Copy of Sample Official Receipt (OR)
4. Certificate of Registration (BIR FORM 2303); and
5. Duly Notarized Omnibus Sworn Statement.

Your prices must be quoted in Philippine Peso and must include the unit price and total price, inclusive of all taxes to be paid and other incidental cost to the delivery site if the contract is awarded.

Payment shall be through check and advance payment is not allowed. Payment shall only be made upon completion of delivery of all items.

All quotations may be typewritten or handwritten and may be placed in sealed envelope marked "**SUPPLY AND DELIVERY OF VARIOUS OFFICIAL FORMS OF SANTA MARIA WATER DISTRICT**" (RFQ No. 2024-021) and must be submitted on or before **February 13, 2024, 11:00AM** at the SMWD main office. It may also be sent thru email on our official email address at smwdbulacan@yahoo.com on the specified time stated above and address to the **BAC Chairperson, Maria Leonora S. Romarate**.

Quotations shall be valid for thirty (30) calendar days from the deadline of submission of the same.

The delivery period shall be within **5 Days** from receipt of the Purchase Order (PO). The supplier should inform the purchaser at least two (2) days before the date of delivery. The Purchaser shall have the right to reject or to return the items that will be declared defective. The delivery will be made only during working days from 8:00 AM to 5:00 PM.



DELIVERY SITE: General Services Division of SMWD located at 301 J. P. Rizal St., Dulong Bayan, Santa Maria, Bulacan.

The prospective supplier shall submit the following:

- a) Duly accomplished Quotation Form; and
- b) Brochures of the items offered, if any.

The Santa Maria Water District reserves the right to accept or reject any quotation, and to annul the procurement process and reject all quotations at any time prior to Contract award, without thereby incurring any liability to the affected supplier or suppliers. SMWD also reserves the right to waive any required formality in the proposals received, and select the proposal which it determines to be the most advantageous to the government.

Prepared by:

Sgd.

Romel P. Lazaga
Procurement Assistant

Noted by:

Sgd.

Maria Leonora S. Romarate
BAC Chairperson



PURCHASE ORDER

Supplier: _____ Address: _____ _____ TIN: _____ <input type="checkbox"/> VAT <input type="checkbox"/> NON-VAT Philgeps Ref. No.: _____ Mode of Procurement: _____	P.O. No.: _____ Date: _____ P.R. No.: _____ Date: _____ AOQ No.: _____ Date: _____
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Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery: _____ Date of Delivery: _____ Warranty: _____	Delivery Term: _____ Payment Term: _____ Form of Payment: _____
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Stock No.	Unit	Description	Quantity	Unit Cost	Amount

(Total Amount in Words)

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In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on undelivered item/s.

Conforme:

Very truly yours,

ENGR. CARLOS N. SANTOS JR.

General Manager

Signature over Printed Name of Supplier

Date: _____

Date: _____

Fund Cluster : _____
Funds Available : _____

ORS/BURS No. : _____
Date of the ORS/BURS: _____
Amount : _____



SERVICE APPLICATION

Concessionaire ID #: _____
 Concessionaire: _____ User: _____
 Address: _____ Contact #: _____
 Service Class: _____ Rate: ₱ _____ 1st 10 Cu. M: _____ Mtr. Brand & No.: _____
 Date Installed: _____ I.R.: _____ Done by: _____ S.O.#: _____

REMARKS:

Total Amt. to be Paid: ₱ _____ Mode of Payment: ☐ Installment ☐ Cash

INITIAL CHARGES:

Application Fee	₱ _____	Date _____	O.R. No. _____
SCC	₱ _____	Date _____	O.R. No. _____
Guaranty Deposit	₱ _____	Date _____	O.R. No. _____
Meter Cost	₱ _____	Date _____	O.R. No. _____
Fittings	₱ _____	Date _____	O.R. No. _____

I understand that the connection cannot be made until it is approved and all charges paid. I assume responsibility for all water that passes through the connection. I thereby covenant, agree and bind myself to comply and abide with the existing Rules and Regulations of the Water District.

CTC# _____ Issued on _____ at _____

APPLICANT'S SIGNATURE OVER PRINTED NAME

AUTHORIZATION

I hereby bind myself to pay unpaid accounts of the occupants in case he/she vacates the premises permanently.

I Authorized the above applicant to excavate and install pipelines my lot/property.

BUILDING PROPERTY OWNERS

Prepared by: _____
Customer Service Assistant

Recommending Approval: _____
Utilities/Customer Services Officer A

APPROVED FOR INSTALLATION:

ENGR. CARLOS N. SANTOS JR.
General Manager

CS 003
 March 2022
 Rev. 01



SERVICE ORDER		
ID No.	:	SO No.
Account Name	:	Date Issued
User	:	Time
Classification	:	Date Replaced
Address	:	1.
Date Connected	:	2.
Meter Number	:	3.
Cluster Type	:	4.
Cluster Location	:	5.
Landmark	:	6.
Rate:	Gty. Dep:	OR#:
Date:		
Prepared by:	Recommending Approval:	Approved by:
Customer Services Assistant	Utilities/Customer Services Assistant B	Engr. Carlos N. Santos Jr. General Manager
Nature of Request	:	
Remarks	:	
Actions Done:	:	
Old Meter/Brand/No. :	Last Reading:	Water Losses: Liters
New Meter/Brand/No:	Initial Reading:	No. of Persons:
Job Done by:	Checked and Verified by:	To our valued Concessionaires, Please sign over your printed name on the space provided once the work has completed.
Signature over Printed Name:Date:Time	Signature over Printed Name:Date:Time	
Encoded by:	Checked and Verified by:	
Signature over Printed Name:Date:Time	Signature over Printed Name:Date:Time	
		Concessionaire's Signature over Printed Name & Date
CS 008 June 2017 Rev. 00		



SERVICE ORDER		
ID No.	:	SO No.
Account Name	:	Date Issued
User	:	Time
Classification	:	Date Replaced
Address	:	1.
Date Connected	:	2.
Meter Number	:	3.
Cluster Type	:	4.
Cluster Location	:	5.
Landmark	:	6.
Rate:	Gty. Dep:	OR#:
Date:		
Prepared by:	Recommending Approval:	Approved by:
Customer Services Assistant	Utilities/Customer Services Assistant B	Engr. Carlos N. Santos Jr. General Manager
Nature of Request	:	
Remarks	:	
Actions Done:	:	
Old Meter/Brand/No. :	Last Reading:	Water Losses: Liters
New Meter/Brand/No:	Initial Reading:	No. of Persons:
Job Done by:	Checked and Verified by:	To our valued Concessionaires, Please sign over your printed name on the space provided once the work has completed.
Signature over Printed Name:Date:Time	Signature over Printed Name:Date:Time	
Encoded by:	Checked and Verified by:	
Signature over Printed Name:Date:Time	Signature over Printed Name:Date:Time	
		Concessionaire's Signature over Printed Name & Date
CS 008 June 2017 Rev. 00		



CASH VOUCHER

Payee/Office: _____	No.: _____
Address: _____	Date: _____
	Responsibility Center Code: _____

I. To be filled up upon request		II. To be filled up upon liquidation
Particulars	Amount	
		Total Amount Granted _____
		Total Amount Paid per OR No.: _____
		Amount Refunded/ (Reimbursed) _____

A Requested by: _____ Signature over Printed Name <i>Requestor</i> Approved by: _____ <i>Immediate Supervisor</i>	C <input type="checkbox"/> Received Fund <input type="checkbox"/> Reimbursement Paid _____ <i>Cash Custodian</i>
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B Paid by: _____ <i>Cash Custodian</i> Cash Received by: _____ Signature over Printed Name of Payee Date: _____	D <input type="checkbox"/> Liquidation Submitted: <input type="checkbox"/> Reimbursement Received by: _____ Signature of Payee Date: _____
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CASH VOUCHER

Payee/Office: _____	No.: _____
Address: _____	Date: _____
	Responsibility Center Code: _____

I. To be filled up upon request		II. To be filled up upon liquidation
Particulars	Amount	
		Total Amount Granted _____
		Total Amount Paid per OR No.: _____
		Amount Refunded/ (Reimbursed) _____

A Requested by: _____ Signature over Printed Name <i>Requestor</i> Approved by: _____ <i>Immediate Supervisor</i>	C <input type="checkbox"/> Received Fund <input type="checkbox"/> Reimbursement Paid _____ <i>Cash Custodian</i>
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B Paid by: _____ <i>Cash Custodian</i> Cash Received by: _____ Signature over Printed Name of Payee Date: _____	D <input type="checkbox"/> Liquidation Submitted: <input type="checkbox"/> Reimbursement Received by: _____ Signature of Payee Date: _____
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DISBURSEMENT VOUCHER			
Mode of Payment		No.	
<input type="checkbox"/> Check <input type="checkbox"/> Others		Date:	
Payee/Office:	TIN/Employee No.	OS/BUS No.	
		Date:	
Address:	Responsibility Center		
	Title	Code	
Particulars		Amount	
A. Certified: () Supporting documents complete and proper () Cash available JOVITA I. DALMACIO Department Manager		B. Approved for Payment ENGR. CARLOS N. SANTOS JR. General Manager	
Date:		Date:	
C. Received Payment		Check No.: _____	D. Journal Entry Voucher
		Date: _____	
Signature: _____ Date: _____		Bank Name: _____	No.: _____
Printed Name: _____		OR No./other relevant document issued	Date: _____
FIN 004 June 2017 Rev. 00			

**RETURNED MATERIAL SLIP**

Name: _____ RMS No.: _____ RMS Date: _____
Reference No.: _____ Acct. No.: _____

DESCRIPTION	STOCK NO.	QTY	UNIT	UNIT PRICE	AMOUNT	REMARKS
REASON FOR RETURN:						

Returned by:	Received by:	Posted in BIN Card by:	Posted in Stack Card by:
Signature over Printed Name	Storekeeper and Date	Storekeeper and Date	Bookkeeper and Date

FIN 014
Dec 2019
Rev. 01

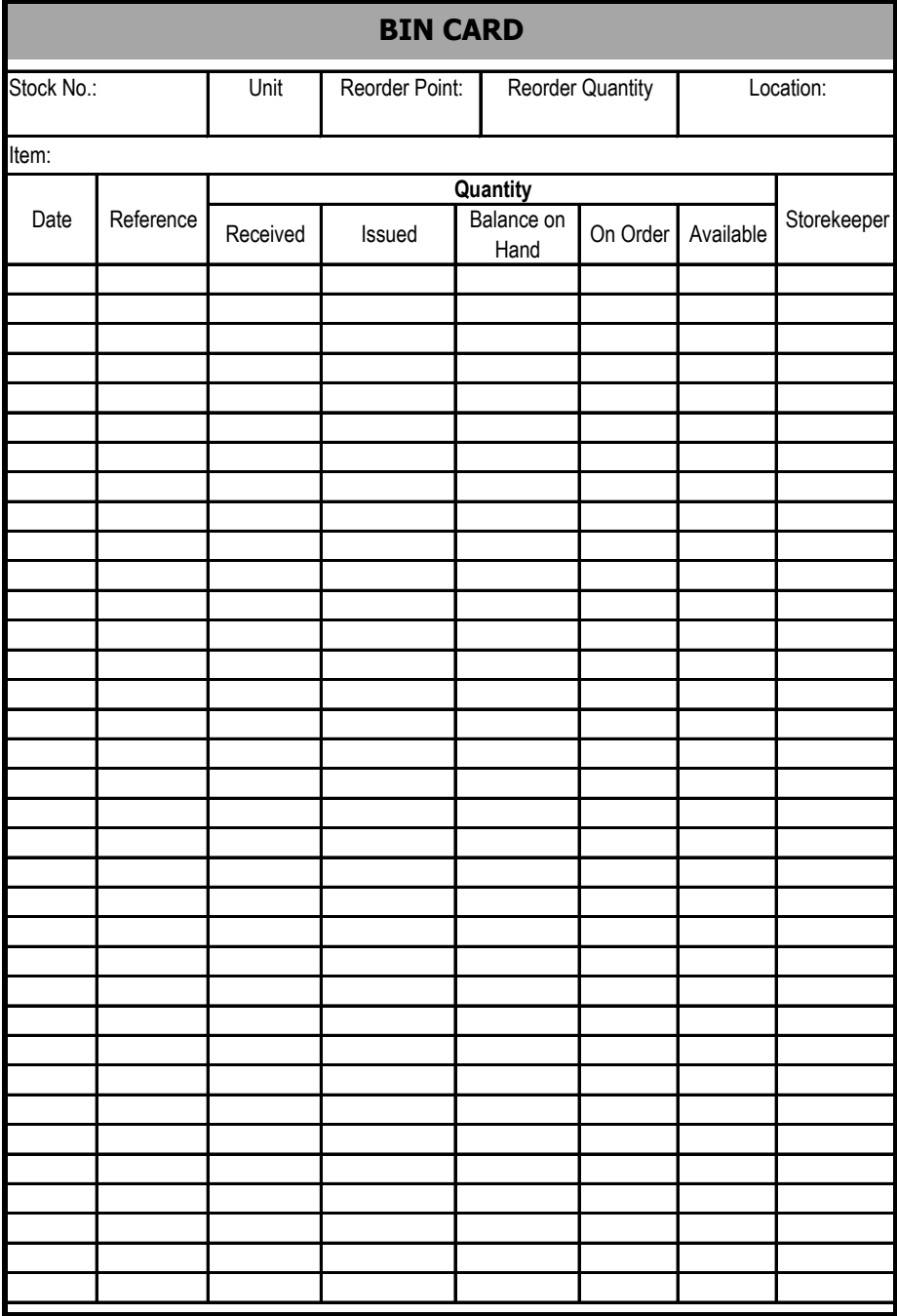
**RETURNED MATERIAL SLIP**

Name: _____ RMS No.: _____ RMS Date: _____
Reference No.: _____ Acct. No.: _____

DESCRIPTION	STOCK NO.	QTY	UNIT	UNIT PRICE	AMOUNT	REMARKS
REASON FOR RETURN:						

Returned by:	Received by:	Posted in BIN Card by:	Posted in Stack Card by:
Signature over Printed Name	Storekeeper and Date	Storekeeper and Date	Bookkeeper and Date

FIN 014
Dec 2019
Rev. 01



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INSPECTION AND ACCEPTANCE REPORT

Supplier: _____ IAR No.: _____

P.O. No.:	Date:	Invoice No.:	Date:
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Requisitioning Office/Department: _____

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
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Total:

INSPECTION

ACCEPTANCE

Date Inspected:

☐ Inspected, verified and found in order as to quantity and specifications

Inspection Officer/Inspection Committee

Date Received: _____

☐ Complete delivery

☐ Partial delivery (pls. specify quantity) _____

Property Officer

☐ Complete delivery☐ Partial delivery (pls. specify quantity) _____

Property Officer



Santa Maria
WATER DISTRICT

"YOUR WATER. OUR OBLIGATION
YOUR CONVENIENCE. OUR SERVICE"



Management
System
ISO 9001:2015



www.tuv.com
ID: 9108645560

