

## **DIGOS WATER DISTRICT**

## **REQUEST FOR QUOTATION**

SUPPLIER :	REF. #:	2023-08-0015
ADDRESS :	DATE :	08/03/2023
Please quote your lowest price on the item/s listed subject to the General Corshortest time of delivery and submit quotation in a sealed envelope not later than thank you.	August 15, 20	ated below, stating the 23. (ABC 54,000.00)  A A DRALES  n Division Manager

ltem No.	Unit	Description	Quantity	Unit Price	Total Price
1	pc/s.	Pesticide Residue Test	15		
		PARAMETERS TO BE TESTED:  » Organophosphates, Pyrethroids and Organochlorines			
		*** Nothing Follows ***			

After having carefully read and accepted your General Conditions, I/We faithfully quoted for the following item/s stated above.

	Printed Name & Signature/Representative
Canvassed by:	
	Tel. no/Cell no. or E-mail Address

## GENERAL CONDITIONS

- 1. All entries must be typewritten or written legibly.
- 2. Delivery period within \_\_\_\_\_ calendar days upon receipt of purchase order.
- 3. Warranty shall be for a period of six (6) months for the supplies and materials and one (1) year for equipment, which will take effect on the date of acceptance by the procuring entity.
- 4. Price validity shall be for a period of thirty (30) calendar days except for high perishable goods, other items warranted under the circumstances.
- 5. Offered price/s should be inclusive of applicable taxes.
- 6. Bidders may submit original brochures showing certifications of the product being offered (equipment only).
- 7. Quotation can be sent thru email, fax or personal delivery.

NV Reg. TIN: 000-570-921-0000

Telefax no: +63 (082) 553-8742

Email-add: dwdprocurement@gmail.com