



PROCUREMENT DEPARTMENT

Corporate Office Bldg., Clark Civil Aviation Complex, Clark Freeport Zone, Pampanga
Telefax Nos.: (045) 599-2888, loc. 710, 711

REQUEST FOR QUOTATION

Gentlemen:

Please quote below your lowest price(s) for the following item(s) and return this form in a sealed envelope to Procurement Division not later than _____

It is understood that:

1. Your quoted price(s) are good up to : _____.
2. Items shall be delivered within _____ working days upon receipt of the Purchase Order.
3. Payment to be made within _____ calendar days upon completion of delivery.
4. The following Documentary Requirements shall be submitted to the Procurement Department prior to payment: (depending on the Mode of Procurement).
5. CIAC reserves the right to reject any or all items not in accordance with the specifications.

**NO VAT SHALL BE IMPUTED ON THE COST
OF THE ITEMS PER BIR RULING # 048-95**

Very truly yours,
CLARK INTERNATIONAL AIRPORT CORPORATION

Arthur Z. Galang
CANVASSER

Note: No erasures allowed.

| Item | Qty | Unit | Articles/Descriptions | Unit | Total |
|------|-----|------|---|------|--------|
| | | | | Cost | Amount |
| 1 | 1 | lot | Quarterly Preventive Maintenance Servicing of the Baggage Handling System (BHS) at PTB for 1 year with the Attached Scope of Works | | |
| | | | Note: | | |
| | | | 1. Service contractor shall have minimum 5 yrs of experience in servicing Baggage Handling System of any local airport. | | |
| | | | 2. Service contractor shall provide schedule for the servicing of units prior to start-up of preventive maintenance | | |
| | | | 3. Service contractor shall provide service/tools/materials accomplishments report for every unit including photos of the activities | | |
| | | | 4. Service contractor shall have 24hrs response time in any emergency call related tp problems encountered on the BHS during the preventive maintenance contract. | | |
| | | | ****nothing follows**** | | |
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Date: _____

Name/Designation : _____
Signature : _____
Name of Company : _____
Address & Tel. No. : _____