PrD-F-002 Rev. 0

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

_____
CANVASSER

Note: No erasures allowed.

Item	Qty	Unit	Articles/Descriptions	Unit Cost	Total Amount
1	1	lot	Preventive maintenance of Fire Detection & alarm System		
			(Telefire system) at passenger terminal bldg.		
			Scope of work:		
			1. Checking of the functionality of the FDAS, devices installed		
			including Fire Alarm Control Panel		
			2. Troubleshooting, visual checking, cleaning and testing of all		
			exisitng smoke/heat detectors heads per zone.		
			3. Check & tracing of all wirings, controls from the FACP to each		
			detectors for open, shorted and grounded cables		
			4. Correction, if necessary, for open & short circuit, for grounded		
			wires & non-responsive devices. Make necessary reprogramming of FACP if needed		
			5. Testing of all manual & automatic initiating devices.		
			6. Testing of all manual & automatic notification devices and circuits		
			of FDAS.		
			7. Submit test results, reportz & recommendations, and certifications.		
			Inclusive of replacement of back-up battery for panel 12V 7.2AH sealed		
			nothing follows		

Date: _____

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