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	set	Gravity roller conveyor, 1190RW, SS material x75P x 1000ml L		
2	1	pc	Side guard, 1000mmL x 200mmH x 3mm thk, MS painted		
3	1	pc	Side guard, 1200mmL x 200mmH x 3mm thk, MS painted		
4	1	pc	Cover guard /plate (transport conveyor) 150mmL x 300mmH		
			x 3mm thick, MS painted		
5	2	pair	FY-40 TF Flange bearing (transport conveyor)		
6	1	pair	TU-40 TF take-up bearing (transport conveyor)		
7	1	pair	SY-30 TF Plummer block bearing (transport conveyor)		
8	1	set	Tension roller (transport conveyor) 114mm diameter x 1190mm FW		
9	1	set	Tension pulley (transport conveyor) 168mm diameter x 1190mm FW		
			nothing follows		
			NOTE:		
			The following Documentary Requirements shall be submitted to		
			to the Procurement Dept. prior to award:		
			1. MAYOR'S/BUSINESS PERMIT		
			2. INCOME/BUSINESS TAX RETURN		
			3. OMNIBUS SWORN STATEMENT		
			4. PHILGEPS REGISTRATION		
			****nothing following****		

Date: _____

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