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	80	pcs	**LED PAR38, 18 watts, 85 to 265 Vac, E27, Daylight, Diameter 122mm,**		
			Height: 130, Aluminum Body and Clear Polycarbonate Cover		
			(with 5 years warranty)		
2	40	pcs	**LED PAR30, 9 watts, 85 to 265 Vac, E27, Daylight, Diameter 95mm,**		
			Height: 105mm, Aluminum Body and Clear Polycarbonated Cover		
			(with 5 years warranty)		
3	50	pcs	**LED tube 4 ft., 16 watt, 85 to 265 Vac, T8, Daylight**		
			(with 5 years warranty)		
4	300	pcs	**LED Tube 2 ft., 8 watts, 85 to 265 Vac, T8, Daylight**		
			(with 5 years warranty)		
5	30	pcs	**LED Driver, 12-18 x 1W, Input(AC): 85-265 Vac, 50/60 Hz,**		
			Output DC: 30-68 Vdc, 300mA %5		
			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. : _____