



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 | Second Quarter Preventive Maintenance | | |
| | | | Servicing of the Passenger Boarding Bridge (PBB 2) | | |
| | | | at PTB for (2019) | | |
| | | | See attached Scope of Works: | | |
| | | | Note: | | |
| | | | 1. Service contractor shall have minimum 3 yrs experience | | |
| | | | in servicing Passenger Boarding Bridge 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 | | |
| | | | accomplishment report for every unit including photos of the activities. | | |
| | | | 4. Service contractor shall have 24 hrs response time in | | |
| | | | any emergency call related to problems encountered | | |
| | | | on the PBB during the preventive maintenance contract. | | |
| | | | ***nothing follows*** | | |
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Date: _____

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