



**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.

<b>NO VAT SHALL BE IMPUTED ON THE COST OF THE ITEMS PER BIR RULING # 048-95</b>
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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	8	lot	Supply and install eight (8) ceiling cassette split AC units with the ffg specifications:		
			1. Cooling capacity: 3Hp		
			2. Power: 220V / 1ph/60hz		
			3. Refrigerant: R22		
			4. Independent 4-way Vane Control		
			5. Standard unit warranty on parts and compressor.		
			Note:		
			1. Install according to manufacturer's recommendation		
			2. Provide power supply from MDP to the AC units		
			3. Provide unit support		
			***nothing follows***		
			The following Documentary Requirements shall be submitted to the Procurement Dept. prior to award:		
			1. MAYOR'S/BUSINESS PERMIT		
			2. INCOME/BUSINESS TAX RETURN		
			3. OMNIBUS SWORN STATEMENT		
			4. PHILGEPS REGISTRATION		

Date: \_\_\_\_\_

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