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

MICHAEL L. CEÑA

CANVASSER

Note: No erasures allowed.

Item	Qty	Unit	Articles/Descriptions	Unit Cost	Total Amount
	1	lot	**POSTAGE & DELIVERIES**		
			To acquire service provider to assist the CIAC/RMO with		
			courier services for a period of one (1) year. This will include		
			documentation and/or parcels to and from.		
			*Clark Freeport Zone and Regional Deliveries		
			*CIAC Board of Directors		
			*CIAC Client & Stakeholders Destinations		
			To provide a courier service nationally & abroad on an ad hoc		
			basis to accommodate door-to-door delivery of documents,		
			parcels or other materials		
			To assist with overnight services where required or applicable		
			To provide competitive industry rates		
			To provide a tracking system for all courier services and to		
			provide assistance thereof via a 24 hour call centre		
			To provide all stationery requirements inclusive of		
			* Waybills		
			* Fragile labels		
			* Courier bags		
			* Courier envelopes		
			* Tracking labels		

Date: _____

Name/Designation : _____

Signature : _____

Name of Company : _____

Address & Tel. No. : _____