AD-PRD-F-002 Rev. 1

ADMINISTRATIVE DEPARTMENT
PROCUREMENT DIVISION

Corporate Office Bldg., Clark Civil Aviation Complex, Clark Freeport Zone, Pampanga
Telefax Nos.: (045) 599-2888, loc. 705, 710, 711,

REQUEST FOR QUOTATION

Dear Prospective Bidders:

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 : **30 days VAT Inclusive**
2. Item shall be delivered within _7 days_ calendar working days upon receipt of the Purchase Order.
3. Payment to be made upon completion of delivery based on the lead time of the Finance Department.
4. Eligibility Documents pursuant to Appendix "A" of Annex "H" of the 2016 Revised IRR of R.A. No. 9184 shall be submitted upon notice of lowest calculated quotation/proposal for evaluation
5. CIAC reserves the right to reject any or all items not in accordance with the specifications.

NOTE:

VAT SHALL BE IMPUTED ON THE COST OF THE ITEM/S

Very truly yours,
CLARK INTERNATIONAL AIRPORT CORPORATION

Wilbern D. Ramos
CANVASSER

Note: No erasures allowed.

Item	Qty	UOM	Articles/Descriptions	Unit Cost	Total Amount
1	**1**	**Lot**	**Supply and Installation of Fitted Carpet**		
			Specs:		
			Size - 4 meters X 10 meters with underlayer pad		
			Color - Gray		
			******NOTHING FOLLOWS******	*VAT INCLUSIVE	
				TOTAL	
			ABC: Php68,000.00		
	Note:				
	****Quoted price must be good up to a minimum of 30 working days**				
	**** Must submit Omnibus Sworn Statement, Philgeps Certificate, Latest Business/Mayor permit and BIR 2303**				
	****Provide proofing/sample to be approved by end-user before full publication.**				
	****CIAC assumes no responsibility whatsover to compensate or indemnify bidders**				
	for any expenses incurred in the preparation of the bid. CIAC reserves the right to accept				
	or reject any bid, and to annual the bidding process and reject all bids at any time prior				
	to contract award, without thereby incurring any liability to the affected bidder or bidders.				

Date: _____

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