

Republic of the Philippines

OFFICE OF THE PRESIDENT

NATIONAL COMMISSION ON MUSLIM FILIPINOS

BIDS AND AWARDS COMMITTEE

REQUEST FOR QUOTATION

Title of the Project: NCMF SF	PORTSFEST/ANNIVERSARY 20:	18
RFQ No. 2018-020	Date: February 15, 2018	MOP: NP-SVP
Delivery Area: NCMF – Commonwealth Ave, Quezon City	Deadline: February 19, 2018	End-user: GASS

Sir/Madam:

Please quote your lowest price on the item/s listed below, subject to the following General conditions, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than the deadline by e-mail (ncmf.bac2016@dmail.com), fax (02-952-4875), or personal delivery.

ARAMAN S. BELLENG

Director and EAC Chairman

Terms and Conditions:

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- Suppliers are required to submit their PhilGEPS Platinum Registration (2-3 pages). PhilGEPS Red Members must also submit copy of their Mayor's/Business Permit and Tax Registration.
- 2. All entries must be typewritten/printed eligibly and without alterations. If there is any same shall be initialed by authorized personnel. Failure to use this form will result to disqualification of your bid.
- Delivery period within FIVE (5) days from receipt of the P.O/Contract.
- Late submission of quotation shall not be accepted.
- 5. Price validity shall be for a period of thirty (30) calendar days.
- Award of contract shall be made to lowest quotation, and complies with the specifications and other terms and conditions stated in the RFQ.
- 7. The NCMF reserves the right to reject any or all bid proposals, or declares the bidding a failure, or not to award the contract, and makes no assurance that a contract shall be entered into as a result of this invitation.
- Terms of payment shall be made through check payable to the supplier.
- 9. All quotations should be inclusive of VAT.

Item No.	ITEM & DESCRIPTION	UNIT	QTY	Budget Allocation	Price Quotation
1	CATERING SERVICES 330 GUESTS AND EMPLOYEES March 8, 2018 (4:00 – 8:00 PM)	pax	330	P150,000.00	

After having carefully read and accepted your General Conditions. I/We quote you on the item at prices noted above.

Company Name/Signature over Printed Name of	F
Authorized Representative	
Telephone/Cell Bo./e-mail address	
Date:	