



Republic of the Philippines
OFFICE OF THE PRESIDENT
NATIONAL COMMISSION ON MUSLIM FILIPINOS

BIDS AND AWARDS COMMITTEE

REQUEST FOR QUOTATION

End-User : GASS
RFQ No. 2017-097
Date: December 19, 2017

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 December 27, 2017 by e-mail (ncmf.bac2016@gmail.com), fax (02-952-4875), or personal delivery.


LAMAN M. PIANG, CESO IV
Director and BAC Chairman

Terms and Conditions:

1. Only suppliers with PhilGEPS Registration shall be allowed to submit the quotation together with 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.
3. Delivery period within five (5) days from receipt of the P.O.
4. Late submission of quotation shall not be accepted.
5. Price validity shall be for a period of thirty (30) calendar days.
6. The Lowest Bidder shall be informed immediately and shall be asked to submit additional requirements within three (3) days or less after the TWG evaluation.
7. Award of contract shall be made to lowest quotation, and complies with the specifications and other terms and conditions stated in the RFQ.
8. 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.
9. Terms of payment shall be made through check payable to the supplier.
10. All quotations should be **inclusive** of VAT.

Item No.	ITEM & DESCRIPTION	UNIT	QTY	Budget Allocation	Price Quotation
1	MOTORCYCLES	UNIT	10	P 620,000.00	

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

Authorized Representative

Telephone/Cell Bo./e-mail address

Date: