

Republic of the Philippines

OFFICE OF THE PRESIDENT

NATIONAL COMMISSION ON MUSLIM FILIPINOS

BIDS AND AWARDS COMMITTEE

REQUEST FOR QUOTATION

Title of the Project: HAJJ O		*	
RFQ No. 2018-038 Delivery Area: NCMF - QC	Date: March 23, 2018	MOP: NP-Shopping Sec 52.1.(b)	
	Deadline: March 28, 2018 ABC: PG, 500.00 -	End-user: BPE- EDP	

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@sghail.cdm), fak (02-952-4875), or personal delivery.

Director and BAC Chairman

Terms and Conditions:

- 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.
- 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/Contract.
- Late submission of quotation shall not be accepted.
- Price validity shall be for a period of thirty (30) calendar days.
- 6. Award of contract shall be made to lowest quotation, and complies with the specifications and other terms and conditions
- 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	Plastic Wiring Duck	Pcs	10	P6,500.00	
	ng carefully read and accepted your Gene				

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

Company Name/Signature over Printe	d Name of
Authorized Representative	
Telephone/Cell No./e-mail addr	ess
Date:	