



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

BIDS AND AWARDS COMMITTEE
REQUEST FOR QUOTATION

Title of the Project: BMEA office Equipment for 2018		
RFQ No. 2018-039	Date: April 19, 2018	MOP: NP-Shopping Sec 52.1.(b)
Delivery Area: NCMF - QC	Deadline: April 24, 2018 ABC : P56,000.00	End-user: BMEA

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@gmail.com), fax (02-952-4875), or personal delivery.


ATTY. ROLANDO T. ABO
Director and Vice-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 legibly 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.
- 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.
- 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.
- All quotations should be **inclusive** of VAT.

Item No.	ITEM & DESCRIPTION	UNIT	QTY	Budget Allocation	Price Quotation
1	Steel Cabinet	Pcs	4	P56,000.00	

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

Authorized Representative

Telephone/Cell No./e-mail address

Date: