

Republic of the Philippines

OFFICE OF THE PRESIDENT

NATIONAL COMMISSION ON MUSLIM FILIPINOS

BIDS AND AWARDS COMMITTEE

REQUEST FOR QUOTATION

itle of the Project: AIRCON CLEANING		APC - DET TOP O	
FQ No. 2018-041 elivery Area: NCMF-OC	Date: April 30, 2018	ABC : P57,792.00 MOP: SVP	
,	Deadline: May 4, 2018	End-user: GSD	

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),

> DIMAPUNO A. DATU-RAMOS, JR. BAC Chairman

Terms and Conditions:

- Only suppliers with PhilGEPS Registration shall be allowed to submit the quotation together with Mayor's/Business
- 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.
- Late submission of quotation shall not be accepted.
- Price validity shall be for a period of thirty (30) calendar days.
- The Lowest Bidder shall be informed immediately and shall be asked to submit additional requirements within three
- Award of contract shall be made to lowest quotation, and complies with the specifications and other terms and
- 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.
- 10. All quotations should be inclusive of VAT.

Item	ITEM & DESCRIPTION	IINIT			
No.		UNIT	QTY	Budget Allocation	Price
1	AIRCON CLEANING	UNIT	60	P57,792.00	Quotation
ter havin	g carefully read and accepted you	r General Co	onditions I	////-	

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

Compan	y Name/Signature over Printed Name of
	Authorized Representative
Te	elephone/Cell Bo./e-mail address
	Date: