



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

BIDS AND AWARDS COMMITTEE

REQUEST FOR QUOTATION

Title of the Project: PROCUREMENT OF ICT EQUIPMENT FOR MISD		
RFQ No. 2018-042	Date: May 15, 2018	MOP: NP-SVP)
Delivery Area: NCMF PS-MISD- QC	Deadline: May 18, 2018 ABC : P3,500.00	End-user: PS-MISD

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.


DIMAPUNO A. DATU-RAMOS JR.
Director and Chairman, BAC

Terms and Conditions:

1. 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.
3. Delivery period within FIVE (5) days from receipt of the P.O/Contract.
4. Late submission of quotation shall not be accepted.
5. 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 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.
8. 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	Air Blower/Vacuum Cleaner	Pc	1	P3,500.00	

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 No./E-mail address

Date

Keenan 64
AB