



Republic of the Philippines  
**OFFICE OF THE PRESIDENT**  
**NATIONAL COMMISSION ON MUSLIM FILIPINOS**  
BIDS AND AWARDS COMMITTEE

**REQUEST FOR QUOTATION**

<b>Title: PROCUREMENT OF TV PLUS FOR PLANNING SERVICE OFFICE</b>		
<b>RFQ No. 2018-059</b>	Date: June 11, 2018	MOP: NP-SVP
Delivery Area: NCMF PS	Deadline: June 18, 2018 <b>ABC : P1,500.00</b>	End-user: PS

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:

- 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.
- Delivery period within FIVE (15) 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	TV PLUS	Piece	1	1,500.00	

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/Cellphone No. / E-mail address

\_\_\_\_\_  
Date: