



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

**BIDS AND AWARDS COMMITTEE**

**REQUEST FOR QUOTATION**

End-User: BMS  
(NP-SVP)  
RFQ No. 2019- 004  
Date: January 21, 2019

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 January 24, 2019 by e-mail, fax, or personal delivery.

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

Terms and Conditions:

1. Only supplier with PhilGEPS Registration/Certification shall be allowed to submit the quotation together with 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 is 5 days from receipt of P.O.
4. Late submission of quotation shall not be accepted.
5. Price validity shall be for a period of thirty (30) calendar days.
6. The Lowest Bidder shall be informed immediately and shall be asked to submit additional requirements within three (3) days or less after the TWG evaluation.
7. Award of contract shall be made to lowest quotation, and complies with the specifications and other terms and conditions stated in the RFQ.
8. 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.
9. Terms of payment shall be made through check payable to the supplier.
10. All quotations should be **inclusive** of VAT.

Item No.	ITEM & DESCRIPTION	UNIT	QTY	Budget Allocation	Price Quotation
1	T-shirt and printing Collarless Assorted colors Assorted Sizes	pieces	30	<b>P 7,500.00</b>	

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 Bo./e-mail address

\_\_\_\_\_  
Date