# PROCUREMENT DEPARTMENT

Corporate Office Bldg., Clark Civil Aviation Complex, Clark Freeport Zone, Pampanga
Telefax Nos.: (045) 599-2888, loc. 710, 711

## *REQUEST FOR QUOTATION*

Gentlemen:

Please quote below your lowest price(s) for the following item(s) and return this form in a sealed envelope to Procurement Division not later than _____

It is understood that:

1. Your quoted price(s) are good up to : _____.
2. Items shall be delivered within _____ working days upon receipt of the Purchase Order.
3. Payment to be made within___ calendar days upon completion of delivery.
4. CIAC reserves the right to reject any or all items not in accordance with the specifications.

**NO VAT SHALL BE IMPUTED ON THE COST**

**OF THE ITEMS PER BIR RULING # 048-95**

Very truly yours,
CLARK INTERNATIONAL AIRPORT CORPORATION

_____
Purchasing Officer

Note: No erasures allowed.

| Item | Qty | Unit | Articles/Descriptions | Unit | Total Amount |
|---|---|---|---|---|---|
| **1** | **1** | **lot** | **Preventive Maintenance of Fire Detection & Alarm System** | | |
| | | | | | |
| | | | Scope of Work: | | |
| | | | 1. Mobilization & Demobilization | | |
| | | | 2. Supply of necessary tools & equipments. | | |
| | | | 3. Checking of the functionality of the FDAS, devices installed | | |
| | | | including Fire Alarm Control Panel | | |
| | | | 4. Troubleshooting, visual checking, cleaning and testing of all | | |
| | | | exisitng smoke/heat detectors heads per zone. | | |
| | | | 5. Check & tracing of all wirings, controls from the FACP to each | | |
| | | | detectors for open, shorted and grounded cables | | |
| | | | 6. Correction, if necessary, for open & short circuit, for grounded | | |
| | | | wires & non-responsive devices. | | |
| | | | Make necessary reprogramming of FACP if needed. | | |
| | | | 7. Testing of all manual & automatic initiating devices. | | |
| | | | 8. Testing of all manual & automatic notification devices and circuits | | |
| | | | of FDAS. | | |
| | | | 9. Submit test results, reportz & recommendations, and certifications. | | |
| | | | ***nothing follows*** | | |

Date: _____

Name/Designation : _____
Signature : _____
Name of Company : _____
Address & Tel. No. : _____