



REPUBLIC OF THE PHILIPPINES
CLARK INTERNATIONAL AIRPORT CORPORATION
 ISO 9001:2008 CERTIFIED Certificate No. 01 100 096505



Management System
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PrD-F-002 Rev. 0

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. The following Documentary Requirements shall be submitted to the Procurement Department prior to payment: (depending on the Mode of Procurement).
5. 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

 CANVASSER

Note: No erasures allowed.

Item	Qty	Unit	Articles/Descriptions	Unit	Total
				Cost	Amount
	200	copies	CIAC ANNUAL REPORT 2017 W/ ENVELOPE SPECS:		
			SPECS:		
			**SIZE: A4		
			**PAGES: not less than 72 PAGES but not ore than 80 PAGES		
			**COLOR FINISH: FULL COLOR		
			** PAPER TYPE COVER: MATTE 220 W/ 3D LAMINATION		
			** PAPER TYPE INSIDE PAGES: C2S 100		
			Additional works :		
			a. Full layout & design with photo editing of publication		
			b. Layout/artwork revisions and finalization		
			c. Source files (A1 or PSD) to be given to CJAC upon artwork fina lization		
			NOTE:		
			The following Documentary Requirements shall be submitted to		
			to the Procurement Dept. prior to award:		
			1. MAYOR'S/BUSINESS PERMIT		
			2. INCOME/BUSINESS TAX RETURN		
			3. OMNIBUS SWORN STATEMENT		
			4. PHILGEPS REGISTRATION		

Date: _____

Name/Designation : _____

Signature : _____

Name of Company : _____

Address & Tel. No. : _____