



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



Management System
 ISO 9001:2008



www.tuv.com
 ID 9105058005

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 |
| | 2,000 | pads | Memo Pads | | |
| | | | * 3.75" x 3.75" | | |
| | | | * White Book 70 paper | | |
| | | | * 50 sheets/pad | | |
| | | | * with full color CIAC logo | | |
| | 2,000 | pcs | Click Ballpens | | |
| | | | * Navy blue | | |
| | | | * with CIAC logo | | |
| | 2,000 | pcs | Post-It Pads | | |
| | | | *recycled paper | | |
| | | | *with CIAC logo | | |
| | 2,000 | pcs | Eco Bags | | |
| | | | * white, with full color CIAC logo | | |
| | | | * 9.5" x 12" | | |
| | | | * with handle | | |
| | | | 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. : _____