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

Arthur Z. Galang
CANVASSER

Note: No erasures allowed.

Item	Qty	Unit	Articles/Descriptions	Unit Cost	Total Amount
1	1	lot	Annual Preventive Maintenance		
			Servicing of the Dual Passenger Boarding Bridge (PBB 1)		
			at PTB for (2018)		
			See attached Scope of Works:		
			Note:		
			1. Service contractor shall have minimum 3 yrs experience		
			in servicing Passenger Boarding Bridge of any local airport.		
			2. Service contractor shall provide schedule for the servicing		
			of units prior to start up of preventive maintenance.		
			3. Service contractor shall provide service/tools/materials		
			accomplisment report for every unit including photos of the activities.		
			4. Service contractor shall have 24 hrs response time in		
			any emergency call related to problems encountered		
			on the PBB during the preventive maintenance contract.		
			nothing follows		
			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. : _____