

BASES CONVERSION and DEVELOPMENT AUTHORITY
 2/F Bonifacio Technology Center, 31st Street Bonifacio Global City, Taguig City
 Tel. No. 575-1700 loc. 1782/1784
 Fax No. : 575-1785
 Email: samateo@bcda.gov.ph
REQUEST FOR QUOTATION

(Company Name):

Date: 23 July 2018

Quotation Number: PR# 351

Please quote your lowest price(s) using this form, or your letterhead. Also, take note of the following details:

- 1) Quotation/s shall be addressed to the Head of Procurement Division. Please indicate Solicitation or Reference No.
- 2) Send the said quotation/s to BCDA or fax the same at no. **575-1785** not later than **30 July 2018**
- 3) Quotation/s submitted after the set deadline indicated in item no. 2 shall not be accepted/considered.
- 4) The quotation/proposal shall be properly signed by the authorized representative and/or

BCDA reserves the right to accept or reject any or all of the quotations, or waive formally therein, or to accept quotation/s as may be considered most advantageous to the gov't., or to pursue appropriate legal action should the winning bidder refuse to accept the award without justifiable reason/s.


STEFANY A. MATEO
 Canvasser


VICKY NATIVIDAD

TO: BCDA HEAD OF PROCUREMENT						
Per request, below is/are the price(s) of the article(s)/service(s) as indicated under Unit Price:						
QTY (A)	UNIT	DESCRIPTION/SPECIFICATIONS	UNIT COST (ex-VAT) (B)	VAT (C)	TOTAL UNIT COST (D=B+C)	TOTAL AMOUNT (AxD)
1,000	PC	CLARK PROSPECTUS FOLDER Specifications: <i>Full Color, Offset Printing</i> <i>Size - A3 (Folded in the Middle)</i> <i>Paper Type - Bevania White</i> <i>Thickness atleast 160GSM</i>				
TOTAL AMOUNT						₱

Terms and conditions:*Price: Inclusive of all applicable taxes**Payment: NET Thirty (30) working days***Delivery:***Validity of price : one (1) month**WARRANTY: at least one (1) year*

We hereby certify, that we have prepared, checked and reviewed this quotation.

This quotation is valid unless revoked in writing which should be done prior to our receipt of the Purchase Order or Job Order.

Printed Name/Signature/DATE

Immediate Supervisor

Telephone / Fax Number