



Department of National Defense
PHILIPPINE AEROSPACE DEVELOPMENT CORPORATION

PADC Hangar 2, Delta Gate, General Aviation Area, Domestic Road, Pasay City, Philippines



REQUEST for QUOTATION/PROPOSAL

Project Name: **Procurement of services for the 80,000KM PMS of PADC staff car**
Mitsubishi L300 and aircon checkup and repair as necessary

RFQ Date.: _____

RFQ No.: _____

Approved Budget for the Contract: **P/ 68,000.00**

PhilGEPS Reference No.: _____

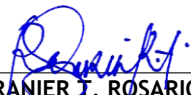
Mode of Procurement: **SMALL VALUE PROCUREMENT (SVP)**

Sir/Madam:

Please quote your lowest price on the item/s listed below, including the shortest period within which you can render delivery. Kindly submit your quotation duly signed by your authorized representative/s together with documentary requirements specified below on or before the deadline of submission thru our email at padc.bacsecretariat@gmail.com.

You are required to sign or affix your initials on each page and shall submit the following documentary requirements together with your quotation/s:

1. Certificate of Philgeps Registration (all pages)
2. Valid/Latest Mayor's/Business Permit


RANIER T. ROSARIO
 Head, BAC Secretariat

L/I	PART NUMBER/DESCRIPTION	QTY	UNIT	AMOUNT
1	80,000KM Periodic Maintenance Services of PADC staff car Mitsubishi L300 (Model: 2020 Series: L300 FB 2.2D M Fuel: Diesel) with conduction sticker no. B6 K449, including replacement of parts as necessary and air-conditioning check-up and repair as necessary	1	lot	
	x-x-x-x- Nothing Follows -x-x-x-x			
	x-x-x-x- Nothing Follows -x-x-x-x			
	TOTAL			

All price quotations are VAT Inclusive

All price quotations are subject to withholding of CREDITABLE TAXES

	VAT Registered	NON-VAT Registered
Expanded Tax - Parts/Materials	1%	1%
Service/Labor	2%	2%
VAT Withheld	5%	
Percentage Tax		1%

TERMS: _____

DELIVERY PERIOD: _____

PRICE VALIDITY (no. of days): _____

After having carefully reading and accepting your Requirements and Conditions, I/We quote you on the item at prices noted above.

 Name of Company/ Contractor

 Address:

 Telephone No./ Cellphone No:

 Email Address:

 Signature

 Name of Authorized Representative

 Date