

May 10, 2018
 APO-RFQ # 2018

REQUEST FOR QUOTATION

Name of Company :
 Address :
 TIN :
 BUSINESS PERMIT :
 PHILGEPS :

Please quote your best offer for the item/s described below, subject to the Terms and Conditions provided at the dorsal portion of this request for quotation. Submit your quotation duly signed by you or your duly representative and copies of your eligibility requirements not later than May 14, 2018.

The quotations may be submitted at the address 2/F Philippine Information Agency Bldg. Visayas Avenue, Bgy. Vasra Quezon City or thru Fax No. 2825309 (loc. 235/234) or thru email at purchasing1@apo.gov.ph

(SGD)

 Karl Paulo C. Damian
 Supply Chain Manager

After having carefully read and accept the Terms and Conditions, I/we submit our quotation for the item/s as follows:

Item Description	Contract Term	PRICE			Compliance with technical specs		*** DELIVERY DATE
		QTY	Unit	Total	YES	NO	
<u>PREPAID CARDS</u>							
<u>GLOBE</u>					[]	[]	
500		34 PCS.					
300		70 PCS.					
100		15 PCS.					
<u>SMART</u>							
500		18 PCS.					
300		21 PCS.					
200		12 PCS.					
<u>SUN</u>							
100		135 PCS.					

 Signature over Printed Name
 Contact Number

**This Request for Quotation (RFQ) is electronically generated.*