



January 29, 2021
 APO-RFQ-949212

REQUEST FOR QUOTATION

Name of Company :
 Address :
 Business Permit # :
 TIN :
 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 February 2, 2021.

The quotations may be submitted at the address 2/F Philippine Information Agency Bldg. Visayas Avenue, Bgy. Vasra Quezon City or thru Fax No. 82825309 (loc. 235/234) or thru email at purchasing@apo.gov.ph


 MERLA D. ESCOBAR
 Purchasing Manager

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

Item Description	PRICE			Compliance with technical specs		DELIVERY DATE
	QTY	Unit	Total	YES	NO	
ENVELOPE Size: Long color: brown kraft 200# packaging: 500 pcs./bx.	594 boxes			[]	[]	

 Signature over Printed Name
 Contact No.

- Approved Budget shall be PhP 743,000.00 inclusive of V.A.T.
- Delivery period shall be 3-5 calendar days upon receipt of Purchase Order.
- Payment shall be at least 30 calendar days upon receipt of Sales Invoice.