



February 18, 2021
 APO-RFQ-949225

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 22, 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. 2825309 (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			COMPLY		DELIVERY DATE
	QTY	Unit	Total	YES	NO
PROCUREMENT OF BACK UP SOFTWARE	4 licenses			[]	[]

 Signature over Printed Name
 Contact No.

- Approved Budget shall be PhP 147,000.00 VAT Inclusive.
- Delivery of the said item shall be done immediately upon receipt of Purchase Order.
- Payment shall be at least 30 calendar days upon receipt of Invoice.