



March 13, 2021
 APO-RFQ-949551

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 March 16, 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	
PROCESS INKS				[]	[]	
Color:						
Magenta	50 KGS.					
Yellow	50 KGS.					
Blue	50 KGS.					
Black	50 KGS.					

Signature over Printed Name
 Contact No.

- Approved Budget shall be PhP 62,000.00 inclusive of V.A.T.
- Additional document of Omnibus Sworn Statement shall be submitted for the bid that complying the technical and financial requirements.
- Delivery period shall be 3-5 calendar days upon receipt of Purchase Order.
- Payment shall be 30 days upon receipt of Sales Invoice.