

March 28, 2014

APO-RFQ -2014

### 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 April 07, 2014.

The quotations may be submitted at the address NEDA Complex E. de los Santos Avenue, Diliman Quezon City or thru Fax No. 4335016 or thru email at [purchasing@apo.gov.ph](mailto:purchasing@apo.gov.ph).

(SGD)

\_\_\_\_\_  
Dominador C. Pulhin  
Purchasing Officer

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

Item Description	QTY	PRICE			Compliance with technical specs		*** DELIVERY DATE	
		Contract Term	QTY	Unit	Total	YES		NO
MICRO PERFORATING BLADE R-16-035015		50 PCS.				<input type="checkbox"/>	<input type="checkbox"/>	

\_\_\_\_\_  
Signature over Printed Name  
Contact No.

\*\*\*Delivery period should be based on the number of calendar days upon receipt of APO's Purchase Order.