



SUBIC BAY METROPOLITAN AUTHORITY PROCUREMENT AND PROPERTY MANAGEMENT DEPARTMENT

Room 201 Bldg. 255, Barryman Road, Subic Bay Freeport Zone, Philippines
 Tel. Nos. (047) 252-4503/4124/4211/4283/4230/4214/4424/4282 Fax. No. (047) 252-4284/4251

QUOTATION FORM

**You may send your quotation via email to sbmapprd@gmail.com
 email with "cc/bcc" WILL NOT BE ACCEPTED.**

Approved Budget for the Contract: 424,750.00

For inquiries, contact: **TERE** at Tel. No. (047) 252- 4124

REFERENCE: 0 0 0 3 4 - 2 3 - 1 1 1 5 - 0 0 2 2

This is a "REQUEST FOR QUOTATION" for items listed below. Pls submit your quotation not later than <u>1/20/2023</u> . Please note that quotation submitted beyond the deadline given above, will not be considered.	TERMS: * <input checked="" type="checkbox"/> Payment: _____ days * <input checked="" type="checkbox"/> Delivery: _____ calendar days
DELIVERY POINT: <p style="text-align: center;">PPMD RECEIVING SECTION</p> <p style="text-align: center;">Bldg 709, Burgos Street, Subic Bay Freeport Zone</p> If FOB destination or others, pls. indicate the estimated freight cost.	TO SUPPLIER: IS YOUR PRICE QUOTATION EXCLUSIVE OF VAT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

ITEM NO	ITEM DESCRIPTION	QTY	UI	BRAND / WARRANTY	UNIT PRICE	TOTAL PRICE
1	SERVICES AND MATERIALS: PROVIDE FLOWER (FLOWER) ARRANGEMENT FOR THE PERIOD COVERING JANUARY 2023 – DECEMBER 2023 1. LEI, REGULAR WITH THE FOLLOWING ITEM: 100 EA. - ONE (1) CENTER PENDANT (ARRANGEMENT) COMBINATION OF GERBERA AND CARNATION - SPECIAL SATIN RIBBON WILL BE USED. 2. LEI, SPECIAL WITH THE FOLLOWING ITEM: 50 EA. - ONE (1) CENTER PENDANT (ARRANGEMENT) COMBINATION OF GERBERA AND CARNATION/ROSE - WITH CARNATION, ORCHID BOTH SIDE. 3. STANDING SPRAY, INAUGURAL (SPECIAL) 16 EA. - HELICONIA, ANTHORIUM (1 DOZEN), CHRYSANTHEMUM AND ASSORTED FOLIAGE / LEAVES WITH A BAMBOO STAND. 4. RIBBON CUTTING, CEREMONY APPROX 8 EA. 10-12 FT., ASSORTED COLOR	1	LO *			

<input checked="" type="checkbox"/> * COMPANY NAME: _____ <input checked="" type="checkbox"/> * MAILING ADDRESS: _____ <input checked="" type="checkbox"/> * TEL NO.: _____ FAX NO.: _____ E-MAIL ADD: <input checked="" type="checkbox"/> _____	* GRAND TOTAL: _____
CERTIFICATION: I hereby certify that I have personally quoted the price/s of the item/s mentioned above and further attest that the validity is 30 working days upon signing, unless otherwise stated herein. We acknowledge that our failure to indicate that the aforementioned bid amount is exclusive of VAT shall result to a presumption that the bid amount is inclusive of VAT and other taxes. <input checked="" type="checkbox"/> _____ * Signature over printed name Date Designation (Authorized Company Personnel)	CERTIFICATION: I hereby certify that I have personally canvassed/verified the price/s of the item/s mentioned above. _____ Signature over printed name Date (Canvasser)
Opened by: _____ Witnesses: _____ _____ _____ Date: _____	

IMPORTANT NOTICE TO SUPPLIER/CONTRACTOR:

Please answer all required data marked with *.

Under RA 7227, SBMA is exempted from VAT.

ITEM NO	ITEM DESCRIPTION	QTY	UI	BRAND / WARRANTY	UNIT PRICE	TOTAL PRICE
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5. FLOWER OFFERING ARRANGEMENT WITH CERAMIC BASE, FOR ALTAR USE, ONE (1) USE LARGE AT CENTER AND TWO (2) MEDIUM BOTH SIDE AND WITH THE FOLLOWING ITEMS:
 - MALAYSIAN MUMPS ASSORTED OR WHITE AND ASSORTED FOLIAGE

20 EA.

(SEE ATTACHED SAMPLE PICTURE)

2	LEI, GARLAND FOR AWARDING CEREMONY	17	PC *			
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DESCRIPTION:
 ONE (1) CENTER PENDANT (ARRANGEMENT)
 COMBINATION OF GERBERA & CARNATION
 - SPECIAL SATIN RIBBON WILL BE USED

3	SERVICES AND MATERIALS: PROVIDE FLORAL (WHITE FLOWER) ARRANGEMENT, HEART SHAPE DESIGN (SPECIAL STANDING SPRAY) WITH RIBBON/MESSAGE CARD AS PROJECTED REQUIREMENT FOR FY2023	1	LO *			
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NOTE:

1. PPMD WILL ISSUE "JOB ORDER FORM/SLIP" TO THE CONTRACTOR DULY SIGNED AND APPROVED BY THE TOURISM MANAGER OR HIS/HER AUTHORIZED REPRESENTATIVE. ORDERS CAN BE PLACED VERBALLY VIA PHONE OR EMAIL.

2. DELIVERY CHARGE IS INCLUDED IN THE QUOTED PRICE. THE CONTRACTOR SHALL DELIVER THE REQUESTED ITEM/S WITHIN 1-2 WORKING DAYS UPON RECEIPT OF NOTICE.

3. ALL DELIVERIES MUST BE SUPPORTED BY A SALES INVOICE DULY ACKNOWLEDGED BY THE PPMD AUTHORIZED PERSONNEL AND THE REQUESTING DEPARTMENT (TOURISM DEPARTMENT).

4. PAYMENT TERMS: PROGRESSIVE BILLING AFTER EACH REQUEST OR EVENT. ONLY ACTUAL DELIVERIES WILL BE PAID BY SBMA.

5. SBMA MAY CANCEL OR RESCHEDULE SAID REQUEST SHOULD THERE BE ANY UNFORSEEN EVENTS OR

<p>* COMPANY NAME: _____</p> <p>* MAILING ADDRESS: _____</p> <p>* TEL NO.: _____ FAX NO.: _____ E-MAIL ADD: _____</p>	<p>* GRAND TOTAL:</p> <p>_____</p>
<p>CERTIFICATION: I hereby certify that I have personally quoted the price/s of the item/s mentioned above and further attest that the validity is 30 working days upon signing, unless otherwise stated herein. We acknowledge that our failure to indicate that the aforementioned bid amount is exclusive of VAT shall result to a presumption that the bid amount is inclusive of VAT and other taxes.</p> <p>✓ _____</p> <p>* Signature over printed name Date Designation (Authorized Company Personnel)</p>	<p>CERTIFICATION: I hereby certify that I have personally canvassed/verified the price/s of the item/s mentioned above.</p> <p>_____</p> <p>Signature over printed name Date (Canvasser)</p>
<p>Opened by: _____</p> <p>Witnesses: _____</p> <p>_____</p> <p>_____</p> <p>Date: _____</p>	

