



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: P37,350.00

For inquiries, contact: **CAROL DIWA** at Tel. No. (047) 252- **4211** REFERENCE: **0 0 0 3 4 - 2 3 - 0 2 2 2 - 0 0 7 0**

This is a "REQUEST FOR QUOTATION" for items listed below. Pls submit your quotation not later than _____. Please note that quotation submitted beyond the deadline given above, will not be considered.	TERMS: ✓* Payment: _____ days ✓* 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
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1	NEWSPAPER ADVERTISEMENT: A. NOTICE OF PUBLIC HEARING ON THE IMPLEMENTATION OF TOURISM FEES AND OPERATIONAL POLICIES SECTION: CLASSIFIED ADS SIZE: 3COLS x 10CM. OTHERS: BLACK & WHITE PRINT TARGET DATE OF PUBLICATION: MAY 3, 2023 (DATE SUBJECT TO CHANGE) B. IMPLEMENTATION OF THE TOURISM FEES AND OPERATIONAL POLICIES AND OPERATIONAL POLICIES SECTION: CLASSIFIED ADS SIZE: FULL PAGE 9 x 52 COL/CM OTHER: BLACK & WHITE PRINT TARGET DATE OF PUBLICATION: MAY 16, 203 (DATE SUBJECT TO CHANGE)	1	LO *			
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TERMS AND CONDITIONS:

1. APPROVED PRINT-READY LAYOUT TO BE PROVIDED BY SBMA TOURISM. LAYOUT SUBJECT TO CHANGES WITH DUE NOTIFICATION.
2. SBMA MAY RESCHEDULE OR CANCEL SAID ADVERTISEMENT WITH DUE NOTIFICATION SHOULD THERE BE ANY UNFORESEEN EVENTS OR INSTRUCTIONS.

✓* COMPANY NAME: _____ ✓* MAILING ADDRESS: _____ ✓* TEL NO.: _____ ✓FAX NO.: _____ ✓E-MAIL ADD: _____	* 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.	CERTIFICATION: I hereby certify that I have personally canvassed/verified the price/s of the item/s mentioned above.
✓ _____ * Signature over printed name Date Designation (Authorized Company Personnel)	_____ 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.

00034-23-0222-0070

✓ ***INFORMATION WITH CHECK MARK, PLS. FILL-UP PROPERLY/COMPLETE (page1-2)

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3. ONE TIME PAYMENT. ONLY ACTUAL DELIVERIES/ ADVERTISEMENT WILL BE PAID BY SBMA.
4. FOR INQUIRIES/ADDITIONAL INFORMATION, PLEASE CONTACT MS. MARY GRACE C. ACABA OR MR. TRISTAN K. MADI OF SBMA TOURISM DEPT. AT TELEPHONE NO. (047) 252-4132.

NOTICE TO SUPPLIERS:

You may submit price quotations through any of the following

- *PERSONAL submission * COURIER
- *FACSIMILE (acceptable for PR with ABC of less than P50,000)
- *CASH ON DELIVERY (COD) Payment Terms is not acceptable (GPBB Volume 2 Manual of Procedures).

Suppliers are highly encouraged to personally attend the opening of bids/quotations. Please confirm schedule with the Technical Section at (047) 252-4503.

PERFORMANCE AND WARRANTY SECURITIES:

- *Performance Security is required for Services/Services & Materials/Equipment with contract price of P500,000.00 and Above;
- *Warranty Security is required for Services & Materials/Equipment with contract price of P300,000.00 and Above, EXCEPT for those deliverables that are out-rightly Consumed within the date of delivery/rendering of services.

<input checked="" type="checkbox"/> * COMPANY NAME: _____ <input checked="" type="checkbox"/> * MAILING ADDRESS: _____ <input checked="" type="checkbox"/> * TEL NO.: _____ <input checked="" type="checkbox"/> FAX NO.: _____ <input checked="" type="checkbox"/> E-MAIL ADD: _____	* GRAND TOTAL: _____ <input checked="" type="checkbox"/>
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Opened by: _____ Witnesses: _____ _____ _____ Date: _____	