



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 sbmapcmd@gmail.com
 email with "cc/bcc" WILL NOT BE ACCEPTED.**

Approved Budget for the Contract: P340,900.00

For inquiries, contact: DOLLY at Tel. No. (047) 252- 4211

REFERENCE: **0 0 0 1 5 - 2 3 - 1 0 2 8 - 0 0 1 4**

This is a "REQUEST FOR QUOTATION" for items listed below. Pls submit your quotation not later than <u>24 MARCH 2023</u> . 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 type="checkbox"/> YES <input type="checkbox"/> NO

ITEM NO	ITEM DESCRIPTION	QTY	UI	BRAND / WARRANTY	UNIT PRICE	TOTAL PRICE
1	MULTI GYM/TRAINER - RECREATIONAL & PHYSICAL FITNESS EQUIPMENT - LATERAL PULL DOWN - CHEST PRESS - LATERAL DELTOID RAISE - LEG EXTENSION AND LEG CURL - ISOLATERAL EXERCISES - TWO- STACKS OF 200LBS WEIGHT OR HIGHER - PADDED SEATS - COMMERCIAL GRADE CONSTRUCTION/ 2000LBS TENSILE STRENGTH CABLES - FOR CORPORATE OR SEMI-COMMERCIAL USE - WARRANTY: AT LEAST SIX (6) MONTHS FOR PARTS AND AT LEAST ONE (1) YEAR FOR SERVICES	1	UN *	_____	_____	✓
2	CURL BAR 4FT LONG, CHROME PLATED, THREADED, GYM EQUIPMENT	1	EA *	_____	_____	✓
3	PLATES 2.5 LBS, STANDARD, GYM EQUIPMENT	4	EA *	_____	_____	✓
4	PLATES 10 LBS, STANDARD, GYM EQUIPMENT	4	EA *	_____	_____	✓
5	PUNCHING BAG, 60 TO 70 LBS, GYM EQUIPMENT	1	EA *	_____	_____	✓
6	KETTLE BELLE WEIGHTS 5 LBS, GYM EQUIPMENT	1	EA *	_____	_____	✓
7	KETTLE BELLE WEIGHTS 10 LBS, GYM EQUIPMENT	1	EA *	_____	_____	✓
8	KETTLE BELLE WEIGHTS 20 LBS, GYM EQUIPMENT	1	EA *	_____	_____	✓

* 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.

ITEM NO	ITEM DESCRIPTION	QTY	UI	BRAND / WARRANTY	UNIT PRICE	TOTAL PRICE
9	KETTLE BELLE WEIGHTS 30 LBS, GYM EQUIPMENT	1	EA *	_____	_____	_____ ✓
10	KETTLE BELLE WEIGHTS 40 LBS, GYM EQUIPMENT	1	EA *	_____	_____	_____ ✓

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.

* COMPANY NAME: _____ * MAILING ADDRESS: _____ * TEL NO.: _____ FAX NO.: _____ E-MAIL ADD: _____			* GRAND TOTAL: _____ ✓
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_____ * Signature over printed name Date Designation (Authorized Company Personnel)	_____ Signature over printed name Date (Canvasser)	Date: _____	