



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: **P86,000.00**

For inquiries, contact: **CAROL DIWA** at Tel. No. (047) 252- **4211** REFERENCE: **0 0 0 1 7 - 2 3 - 1 2 1 2 - 0 0 3 4**

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: <input checked="" type="checkbox"/> Payment: _____ <i>days</i> <input checked="" type="checkbox"/> Delivery: _____ <i>calendar days</i>
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.	<input checked="" type="checkbox"/> 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	CAMERA, WEB PRO SPECS: * HIGH DEFINITION QUALITY : FULL HD 1080p * PHOTO QUALITY: 15MP * LENS TECHNOLOGY: FULL HD GLASS LENS * BUILT IN MIC: DUAL STEREO * FOCUS TYPE: 20 STEP AUTO FOCUS	4	EA	<input checked="" type="checkbox"/>	_____	_____	_____ <input checked="" type="checkbox"/>
2	PAD, ELECTRONIC SIGNATURE CAPTURE SPECIFICATION: NUMBER OF BATTERIES: 1 LITHIUM POLYMER BATTERIES REQUIRED ITEM WEIGHT: 0.8 POUNDS COMPATIBLE DEVICES: TABLETS ITEM DIMENSION LxWxH: 6X0.7 x 3.8 inches * USB INTERFACE * LCD DISPLAY FOR CUSTOMIZABILITY * SMALL SIZE AND WEIGHT FOR PORTABILITY * HIGH QUALITY BIOMETRIC AND FORENSIC CAPTURE TECHNIQUES * 3RD GENERATION TOUCH SCREEN SIGNING SURFACE FOR COST EFFICIENCY	4	EA	<input checked="" type="checkbox"/>	_____	_____	_____ <input checked="" type="checkbox"/>
3	PRINTER, POS FOR IFMS	2	EA	<input checked="" type="checkbox"/>	_____	_____	_____ <input checked="" type="checkbox"/>

***PLEASE TAKE NOTE OF YOUR BRAND & WARRANTY OFFER

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

