



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: P56,400.00

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

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: _____ 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
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1	SERVICES AND MATERIALS: PRINTING OF 1,200 COPIES (300 EA/SEMESTER) TAGALOG-ENGLISH NEWSLETTER "THE LABOR MONITORING" FOR CY 2023 SPECIFICATION: BOOK #60, PAPER MATERIAL SIZE: 11" WIDE x 17" LONG (SPREAD) 20 PAGES (4-SPREAD SHEETS) FULL COLOR PRINT, FRONT AND BACK BLACK PRINT ON INNER PAGE NOTE: 1. SAMPLE PRINT-OUT SHOULD BE SUBMITTED BY THE CONTRACTORS AS BASIS FOR THE END-USER'S EVALUATION AND APPROVAL BEFORE MASS PRINTING . 2. PAYMENT TERMS PROGRESSIVE BILLING (PER QUARTER – 1ST QUARTER PAYMENT WILL BE ON THE 2ND QUARTER OF 2023, 2ND QUARTER PAYMENT WILL BE MADE ON THE 3RD QUARTER OF CY 2023, 3RD QUARTER PAYMENT WILL BE ON THE 4TH QUARTER OF 2023, AND THE 4TH QUARTER PAYMENT WILL BE MADE ON THE 1ST QUARTER OF 2024.	1	LO *			
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<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: _____
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.

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3. ARTICLES FOR PRINTING WILL BE SUBMITTED TO THE WINNING BIDDER ONE (1) MONTH AFTER EVERY QUARTER.

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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