



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: P970,000.00

For inquiries, contact: **CAROL DIWA** at Tel. No. (047) 252- **4211** REFERENCE: **0 0 0 4 4 - 2 3 - 0 3 1 6 - 0 0 9 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: _____ 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: SUPPLY OF LABOR EXPERTISE, TOOLS AND CONSUMABLE MATERIALS FOR THE REPLACEMENT OF LEAKING PARTS FOR CHILLER 3 EQUIPMENT DETAILS: MAKE: DUNHAM BUSH MODEL: ACX-240 AQP SCOPE OF WORKS: 1. MOBILIZATION WORKS. 2. PUMP DOWN THE SYSTEM. 3. SUPPLY AND INSTALLATION OF SIX (6) PCS. TERMINAL POST FOR SYSTEM#1 AND SYSTEM #2. 4. SUPPLY AND INSTALLATION OF ONE (1) PC. ENTERING WATER TEMPERATURE SENSOR FOR SYSTEM #2. 5. SUPPLY AND INSTALLATION OF ONE (1) PC. SET SOLENOID VALVE FOR SYSTEM #2. 6. SUPPLY AND INSTALLATION OF TWO (2) PCS. SIGHTGLASS FOR SYSTEM #2. 7. SUPPLY AND INSTALLATION OF TWO (2) PCS. VAPOR INJECTION LINE VALVE FOR SYSTEM #2. 8. PRESSURIZED, LEAK TESTING AND VACUUMING. 9. REPLACEMENT OF FILTERS. 10. CHARGING OF NEW OIL AND REFRIGERANT (NOTE: REFRIGERANT APPROXIMATELY 270KGS.) 11. TESTING OBSERVATION AND MONITORING.	1	LO *			✓

<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"/> _____ Date <input checked="" type="checkbox"/> Designation * Signature over printed name (Authorized Company Personnel)	Opened by: _____ Witnesses: _____ Date: _____
_____ Date _____ Signature over printed name (Canvasser)	

IMPORTANT NOTICE TO SUPPLIER/CONTRACTOR:

Please answer all required data marked with *.

Under RA 7227, SBMA is exempted from VAT.

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12. TURN-OVER TO CLIENT.
13. DEMOBILIZATION WORK

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.

***PLEASE FILL UP PAGE 1-2; COMPLETE ALL DETAILS WITH CHECK MARKINGS

***SEND / ATTACH DOCUMENTARY REQUIREMENTS NEEDED SUCH AS:

- UPDATED BUSINESS PERMIT CY2023
- OMNIBUS SWORN STATEMENT (SIGNED & NOTARIZED)
- PHILGEPS REGISTRATION / CERTIFICATION
- SAMPLE OFFICIAL RECEIPT
- INCOM TAX RETURN (2022)

<input checked="" type="checkbox"/> * COMPANY NAME: _____ <input checked="" type="checkbox"/> * MAILING ADDRESS: _____ <input checked="" type="checkbox"/> * TEL NO.: _____ FAX NO.: _____ <input checked="" type="checkbox"/> E-MAIL ADD: _____		* GRAND TOTAL: _____
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<input checked="" type="checkbox"/> * Signature over printed name Date <input checked="" type="checkbox"/> Designation (Authorized Company Personnel)	Signature over printed name Date (Canvasser)	

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