General Quality Form PPD-CF-08-02 Rev. No. 04

Effectivity Date: 10-30-2020



## 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**

	y send your quotation via email to sbmaith "cc/bcc" WILL NOT BE ACCEPTED.		om	Approve	ed Budç	jet for the	ne Contract: P5	35,852.96			
For inquirie	ies, contact: DOLLY at Tel. No.	o. (047) 252- <b>4211</b>	REFERENCE:	: 0 0	0 4	1 - 2	2 3 - 0	4 1 4 - (	0 1 2 1		
Pls submit	a "REQUEST FOR QUOTATION" for item nit your quotation not later thante that quotation submitted beyond the deadline given a d.	· · ·	TERMS: V* Payment: days  V* Delivery: calendar days								
	PPMD RECEIVING SECTION  Bldg 709, Burgos Street, Subic Bay Freep B destination or others, pls. indicate the estimate	-	TO SUPPLI		YOUR F	PRICE (	QUOTATION NO	N EXCLUSIVE	: OF VAT?		
ITEM NO	ITEM DESCRIPT	TION		QTY	UI		RAND / ARRANTY	UNIT PRICE	TOTAL PRICE		
F(	SERVICES AND MATERIALS: FOR THE ONE (1) YEAR MAINTENA SERVICES OF AIR CONDITIONING I NSTALLED AT VARIOUS BUILDING	UNITS		1	LO *						
BREAKDOWN: PREVENTIVE MAINTENANCE AND INSPECTION (PMI) WINDOW TYPE INVERTER & NON INVERTER (PMI = 2x PER YEAR) - 325 UNITS SPLIT TYPE WALL MOUNTED INVERTER AND NON INVERTER (PMI = 2x PER YEAR) - 194 UNITS SPLIT TYPE FLOOR MOUNTED INVERTER AND NON INVERTER (PMI = 2x PER YEAR) - 157 UNITS SPLIT TYPE CEILING MOUNTED CASSETTE INVERTER AND NON INVERTER (PMI = 2x PER YEAR) - 9 UNITS EVAPORATIVE AIR COOLER (PMI = 2x PER YEAR) - 11 UNITS  DOCUMENTARY REQUIREMENTS FOR ATTACHMENT TO BID: 1. COPY OF 2023 MAYORBUSINESS PERMIT									IT TO BID:		
	NOTE: SEE ATTACHED TERMS OF REFER	RENCE (TOR)	3 4 5	<ol> <li>COPY C</li> <li>NOTARI</li> <li>UNEXPI</li> </ol>	OF PHIL RIZED OI PIRED TA	ILGEPS R OMNIBUS TAX CLEA		N	. 2023)		
	PANY NAME:  NG ADDRESS:				<u> </u>	<u> </u>	* GRAN	ND TOTAL:			
•	O.: FAX NO.:		E-MAIL ADD:				_ ]				
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.				y Witnesse	Opened by: Witnesses:			

Date

Designation

Signature over printed name

(Authorized Company Personnel)

Signature over printed name

(Canvasser)

Date

Date:

ITEM NO	ITEM DESCRIPTION	QTY	UI	BRAND / WARRANTY	UNIT PRICE	TOTAL PRICE
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## 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:		* GRAND TOTAL:				
* TEL NO.:	FAX NO.: _		E-MAIL ADD:			
CERTIFICATION: I hereby certify that I have peritem/s mentioned above and working days upon signing, under the compact of the	further attest that the nless otherwise state o indicate that the afhall result to a presult	validity is 30 d herein. We orementioned bid	CERTIFICATION:  I hereby certify that I have per canvassed/verified the price/s item/s mentioned above.	,	Opened by: Witnesses:	
* Signature over printed (Authorized Company Pe		Designation	Signature over printed name (Canvasser)	Date	Date:	