



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: **P80,000.00**

For inquiries, contact: **CAROL DIWA** at Tel. No. (047) 252- **4211** REFERENCE: **0 0 0 4 4 - 2 3 - 0 5 1 7 - 0 1 6 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.	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: FOR THE REWINDING AND REPLACE BEARING OF CONDENSER FAN MOTOR OF CHILLER, VOLTS: 460, APMS: 3.0/5.8 – 6.0, PH: 3, HP: 1.5, RPM: 1140	10	UN *			
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NOTE:

1. PUT FLEXIBLE PLASTIC CORRUGATED CONDUIT AT LEAST 1 ½ FT. ON THE SUPPLY WIRE AND APPLY SEALANT AT THE END OF CONDUIT GOING TO THE MOTOR.
2. INCLUDING MACHINING WORKS IF NEEDED.
3. ALL WASTE MATERIALS MUST BE RETURNED TO SBIA.
4. WITH AT LEAST THREE (3) MONTHS WARRANTY.

<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: _____
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 <input checked="" type="checkbox"/> 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.

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

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.

<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: _____ <input checked="" type="checkbox"/>
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Opened by: _____ Witnesses: _____ _____ _____ Date: _____	