



# 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: \_\_\_\_\_

For inquiries, contact: \_\_\_\_\_ at Tel. No. (047) 252-\_\_\_\_\_

**REFERENCE: 0 0 0 3 7 - 2 3 - 0 6 1 9 - 0 2 1 2**

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.	<b>TERMS:</b> * <b>Payment:</b> _____ <i>days</i> * <b>Delivery:</b> _____ <i>calendar days</i>
<b>DELIVERY POINT:</b> <p style="text-align: center;"><b>PPMD RECEIVING SECTION</b></p> <p style="text-align: center;"><b>Bldg 709, Burgos Street, Subic Bay Freeport Zone</b></p> If FOB destination or others, pls. indicate the estimated freight cost.	<b>TO SUPPLIER: IS YOUR PRICE QUOTATION EXCLUSIVE OF VAT?</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>

ITEM NO	ITEM DESCRIPTION	QTY	UI	BRAND / WARRANTY	UNIT PRICE	TOTAL PRICE
1	VACCINE, 5 IN 1, (DHLPPi)	26	VI *	_____	_____	_____
2	ANTIRABIES VACCINE, VIALS	3	VI *	_____	_____	_____
3	FLURALANER 40 KGS, LARGE/TABLET, 1000MG	26	EA *	_____	_____	_____
4	PYRANTEL + PRAZQUANTEL + FEBANTEL, 500 ML, 100 TAB/BT	1	BT *	_____	_____	_____
5	ANTI-MANGE BAR SOAP, SUPER DOG SOAP, 115 GM	30	EA *	_____	_____	_____
6	IVERMECTIN + PYRANTEL, TABLET	104	TT *	_____	_____	_____
7	CEFALEXIN, 500 MG CAPSULE, 100CAP/BX	1	BX *	_____	_____	_____
8	METRONIDAZOLE, 500 MG, TABLET, 100 TABLET/BOX	1	BX *	_____	_____	_____
9	ENROFLOXACIN, 100ML/BT	1	BT *	_____	_____	_____
10	AMOXICILLIN TRIHYDRATE, 150 MG, 100 ML/BT	1	BT *	_____	_____	_____
11	ATROPINE SULFATE, 0.65 MG, 50 ML/BT	1	BT *	_____	_____	_____
12	TILETAMINE + ZOLAZEPAM, 5 ML/VIAL	1	VI *	_____	_____	_____
13	POWDER, INSECTICIDE ANTI TICK FOR DOGS, WP 85, 50 GM/PK	10	PK *	_____	_____	_____
14	POLYGLACTIN SUTURE, 2.0	12	PK *	_____	_____	_____
15	NON-ABSORBABLE SILK SUTURE, 2.0	12	PK *	_____	_____	_____
16	SCALPEL BLADE, SIZE 10	12	EA *	_____	_____	_____

* COMPANY NAME: _____ * MAILING ADDRESS: _____ * TEL NO.: _____ FAX NO.: _____ E-MAIL ADD: _____	<b>* GRAND TOTAL:</b> _____
<b>CERTIFICATION:</b> 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.	<b>CERTIFICATION:</b> I hereby certify that I have personally canvassed/verified the price/s of the item/s mentioned above.
_____ * 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.

ITEM NO	ITEM DESCRIPTION	QTY	UI	BRAND / WARRANTY	UNIT PRICE	TOTAL PRICE
---------	------------------	-----	----	------------------	------------	-------------

NOTE: AT LEAST ONE (1) YEAR EXPIRATION FROM THE DATE OF DELIVERY

**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: _____ * MAILING ADDRESS: _____ * TEL NO.: _____ FAX NO.: _____ E-MAIL ADD: _____			* GRAND TOTAL: _____
<b>CERTIFICATION:</b> 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.	<b>CERTIFICATION:</b> I hereby certify that I have personally canvassed/verified the price/s of the item/s mentioned above.	Opened by: _____ Witnesses: _____ Date: _____	
_____ * Signature over printed name      Date      Designation (Authorized Company Personnel)	_____ Signature over printed name      Date (Canvasser)		