



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: **P58,700.00**

For inquiries, contact: **CAROL DIWA** at Tel. No. (047) 252- **4211** REFERENCE: 0 0 0 1 5 - 2 3 - 0 6 2 6 - 0 2 2 5

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.	<input checked="" type="checkbox"/> TO SUPPLIER: IS YOUR PRICE QUOTATION EXCLUSIVE OF VAT? <input type="checkbox"/> YES <input type="checkbox"/> NO

ITEM NO	ITEM DESCRIPTION	QTY	UI	BRAND / WARRANTY	UNIT PRICE	TOTAL PRICE
	ENGRAVED AND LAMINATED COLLAR PINS			*	_____	_____
1	EMPLOYEE OF THE YEAR 2022	2	PC	*	_____	_____
2	MOLDING FEE (EMPLOYEE OF THE YEAR)	1	PC	*	_____	_____
3	EMPLOYEE OF THE QUARTER	48	PC	*	_____	_____
4	MODEL CONTRACT OF SERVICE PERSONNEL OF THE SEMESTER ETCHED GLASS TROPHIES	12	PC	*	_____	_____
5	9.5 x 10 IN	12	PC	*	_____	_____
6	11.5 x 12 IN	2	PC	*	_____	_____

PLEASE SEE ATTACHED LAY-OUT

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

00015-23-0626-0225

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***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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