



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: **P177,100.00**

For inquiries, contact: **CAROL DIWA** at Tel. No. (047) 252- **4211** REFERENCE: **0 0 0 1 5 - 2 3 - 0 6 3 0 - 0 2 4 9**

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
	SABLAY/SASH MATERIAL: SATIN OR ANY LIKE SHINY FABRIC SUBLIMATION COMPATIBLE WITH VELCRO OR SNAP ON BUTTONS ON TOP DESIGN AND LAYOUT: PLEASE SEE ATTACHED LAYOUT FOR	1	LO *	_____	_____	_____
1	FOR 20 YEARS OF SERVICE	88	PC *	_____	_____	_____
2	FOR 25 YEARS OF SERVICE	66	PC *	_____	_____	_____
3	FOR 30 YEARS OF SERVICE	7	PC *	_____	_____	_____

<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 (Authorized Company Personnel) <input checked="" type="checkbox"/> Date <input checked="" type="checkbox"/> Designation	Signature over printed name (Canvasser) Date 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

