



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 4 5 - 2 3 - 0 6 3 0 - 0 2 5 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.	TERMS: * Payment: _____ <i>days</i> * 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 type="checkbox"/> YES <input type="checkbox"/> NO

ITEM NO	ITEM DESCRIPTION	QTY	UI	BRAND / WARRANTY	UNIT PRICE	TOTAL PRICE
1	SERVICES AND MATERIALS FOR THE REPLACEMENT OF CARPET TILES AT THE SEAPORT ADMIN BLDG. CONFERENCE ROOM (43 SQ MTRS) SDA's OFFICE (34 SQ. MTRS) DA's OFFICE (23 SQ. MTRS) GM's OFFICE (34 SQ. MTRS)	1	LO *	_____	_____	_____
	1. SCOPE OF WORK A. THE CONTRACTOR SHALL SUPPLY ALL THE MAT'LS, LABOR, EQUIPMENT AND TOOLS TO COMPLETE THE REPLACEMENT OF CARPET TILES AT THE SEAPORT ADMIN BUILDING B. THE CONTRACTOR SHALL HAUL THE OLD CARPET TILES AND TURN OVER TO PPMD, AND SHALL ENSURE THAT THE ROOMS ARE LEFT CLEAN, FREE FROM DUST AND DEBRIS. C. THE CONTRACTOR SHALL TAKE CARE ALL NECESSARY LIFTING OR RELOCATION OF FURNITURE DURING THE INSTALLATION AND ENSURE THAT THE FURNITURE WILL BE IN ORDER. 2. TECHNICAL SPECIFICATIONS A. THE FLOOR SURFACE SHALL BE WIPED CLEAN PRIOR TO THE INSTALLATION OF BONDING AGEND/ADHESIVE. B. APPLY TWO (2) COATS OF WATER-BASED ADHESIVE/ BONDING AGENT PRIOR THE INSTALLATION OF CARPET TILES. C. THE CONTRACTOR SHALL SUBMIT A SAMPLE OF A					

* COMPANY NAME: _____ * MAILING ADDRESS: _____ * TEL NO.: _____ FAX NO.: _____ 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.
_____ * 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.

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CARPET TILE FOR APPROVAL, WITH THE FOLLOWING SPECIFICATIONS:
 TILE SIZE: 500MM x 500MM
 FILE HEIGHT: 4MM
 COLOR, PATTERN: FOR SELECTION AND APPROVAL

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: _____
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_____ * Signature over printed name Date Designation (Authorized Company Personnel)	_____ Signature over printed name Date (Canvasser)		