



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: **P16,830.00**

For inquiries, contact: **CAROL DIWA** at Tel. No. (047) 252- **4211** REFERENCE: **0 0 0 4 4 - 2 3 - 0 6 2 7 - 0 2 3 0**

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.	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
1	SERVICES: GENERAL CLEANING OF AIRCON UNITS	1	LO *	_____	_____	_____

SCOPE OF WORK:

- 1.) THE BIDDER/CONTRACTOR SHALL ENSURE THAT IN THE IMPLEMENTATION OF THE CONTRACT WILL NOT IN ANY WAY CAUSE ANY DISRUPTION/DISTURBANCE IN THE AIR TRAFFIC CONTROL OPERATIONS.
- 2.) PROVIDE PROTECTIVE COVERING (IF NECESSARY) FOR THE AFFECTED EQUIPMENT/AREA BEFORE CONDUCTING THE GENERAL CLEANING.
- 3.) PULL OUT OF WINDOW TYPE AIR-CONDITIONING SYSTEM UNITS FOR GENERAL CLEANING.
- 4.) CLEANING OF CONDENSER AND EVAPORATOR FINS WITH A PRESSURE WASHER AND ALUMINUM CLEANER.
- 5.) CLEANING OF INDOOR AND OUTDOOR UNITS INCLUDING RETURN AIR FILTER, COOLING FINS.
- 6.) TESTING OF WORK PERFORMANCE OF ALL UNITS

SEE ATTACHED TERMS OF REFERENCE (TOR)

<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)	Opened by: _____ Witnesses: _____ Date: _____
Signature over printed name _____ Date _____ (Canvasser)	

IMPORTANT NOTICE TO SUPPLIER/CONTRACTOR:

Please answer all required data marked with *.

Under RA 7227, SBMA is exempted from VAT.

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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.

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*** SEND / ATTACH ALL DOCUMENTARY REQUIREMENTS NEEDED SUCH AS:

- UPDATED BUSINESS PERMIT (ACTUAL CERTIFICATE)
- OMNIBUS SWORN STATEMENT (SIGNED/NOTARIZED)
- BIR FORM 2303
- SAMPLE OFFICIAL RECEIPT
- PHILGEPS REGISTRATION / CERTIFICATION

<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: _____
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IMPORTANT NOTICE TO SUPPLIER/CONTRACTOR:

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