



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 1 6 - 2 3 - 0 6 3 0 - 0 2 5 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: * 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	INK, BOTTLE, EPSON (BLACK - T774), FOR MULTI FUNCTION PRINTER MODEL: L1455	12	EA	*	_____	_____
2	TONER, CARTRIDGE, P/N: CF276A, BLACK, FOR LASERJET PRO MFP M428FDW (CF276A)	28	EA	*	_____	_____
3	INK, CARTRIDGE, P/N CF226A FOR HP LASERJET MONOCHROME M426FDN, ORIGINAL	43	EA	*	_____	_____
4	TONER, CARTRIDGE, P/N CB435A, BLACK, FOR HP LASERJET PRINTER MODEL P1006	8	EA	*	_____	_____
5	TONER CART, HP Q2612A, BLACK	9	EA	*	_____	_____

* 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.

