General Quality Form PPD-CF-08-02 Rev. No. 02 Effectivity Date: 04-18-2018



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

email with "cc/	your quotation via	E ACCEPTED	D				get for the								
For inquiries, conta	•		o. (047) 252-4211	REFERENCE:	0 0	0 3	6 -	1 9	- 1	0 1	9 -	0	0	8	3
Pls submit your q	JEST FOR QUOTA uotation not later than	14 January	2019	TERMS:	Paymen	t:	(lays							
Please note that que considered.	otation submitted beyond	the deadline giver	above, may not be	√ Delivery: cal					lendar days						
* NON-V	AT V	VAT RE	GISTERED	•			LIVER								_
	PPMD RECEIVING SECTION Bldg 709, Burgos Street, Subic Bay Freeport Zone														
TIN #:				REMINDER: If	FOB dest	ination	or others	s, pleas	se indic	ate the e	estima	ited f	reigh	t cos	št.
ITEM NO	ITE	M DESCRIP	TION		QTY	UI		RANI RRAI	-		NIT RICE)TA RIC	
SCOPE 1. 01 A 2. 01 A 3. 01 A	R IAW MFR SPE : OF WORK: .Y, REPLACE CL .Y, REPLACE CL .Y, REPLACE CL .Y, REPLACE CL	.UTCH MAS .UTCH, SEC .UTCH, CO\	ONDARY ASSE ER ASSEMBLY	MBLY											
5. 01 A 6. 01 E 7. 01 E 8. 06 E INJECT	Y, REPLACE CL A, REPLACE PII A, REPLACE RE A, CALIBRATE I	UTCH, BOC LOT BEARIN ELEASE BEA NJECTION	OSTER ASSEMB NG ARING PUMP ASSEMB												
FILL-UI FORM	ITRACTOR MUS THE CONTRAC FROM TRANSPO ITRACTOR SHA	CTORS/SUP DRTATION I	PPLIERS EVALU DIVISION, MTD.	ATION											
* COMPANY NAME:								*	GRAI	ND TO	TAL:				
* MAILING ADDI * TEL NO.:		_ FAX NO.:		E-MAIL ADD:											
CERTIFICATION:				CERTIFICATION:					Opened by:						
* 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:			canvassed/ve	I hereby certify that I have personally canvassed/verified the price/s of the item/s mentioned above.					ses:					_	
* Signature o	Signature over printed name Date Designation				ure over printed name Date Date:								_		

(Authorized Company Personnel)

(Canvasser)

ITEM NO	ITEM DESCRIPTION	QTY	UI	BRAND / WARRANTY	UNIT PRICE	TOTAL PRICE	l
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(BRAND NEW, ORIGINAL OR PREMIUM REPLACEMENT ITEMS) NEEDED FOR REPAIR, WITH DTI AND BUSINESS PERMIT FOR SERVICES.

- 3. PROVIDE WARRANTY AT LEAST THREE (3) MONTHS ON PARTS/MATERIALS AND WORK PERFORMED.
- 4. CONDUCT FINAL ACCEPTANCE ON THE COMPLETED JOB AND WITNESS BY TRANSPORTATION DIVISION, MTD REPRESENTATIVE.
- 5. TURN-IN REPLACED WORN-OUT AND DEFECTIVE PARTS TO TRANSPORTATION DIVISION, MTD FOR PROPER DISPOSITION.
- 6. THE CONTRACTOR MUST COORDINATE WITH COORDINATION SECTION OF PPMD BEFORE THE START AND COMPLETION OF WORK,

POINT OF CONTACT, MR. CONRADO M. ALVIZ AT TEL #(047)252-4282.

EQUIPMENT DATA: FUSO "TANK LORRY" WATER TANKER ENGINE NO: 8DC9-427814

CHASSIS NO: FV415J-750069 ***ACO-3653

NOTE TO SUPPLIERS:

Supplier/s may submit their quotation/s thru:

- *PERSONAL
- *COURIER
- *FACSIMILE (acceptable for PR with ABC of less than P50,000)
 *EMAIL DIRECTLY to sbmappmd@gmail.com. (Emails with "cc" or "bcc" will NOT BE ACCEPTED; Quotation/s sent to any other email address

will also NOT be considered)

*Suppliers may observe the opening of bids/quotations; kindly confirm schedule with the Technical Section at (047) 252-4503. *For Services/Services & Materials with contract price of P500,000.00 and above, Performance Security is required. *For Services & Materials/Equipment with contract price of P300,000.00 and above, Warranty Security is required EXCEPT for those deliveries that are outrightly consumed within the date of delivery/rendering of services.

* COMPANY NAME:			* GRAND TOTAL:					
* TEL NO.:	FAX NO.: _		E-MAIL ADD:					
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:		CERTIFICATION: I hereby certify that I have per canvassed/verified the price/s item/s mentioned above.	Opened by: Witnesses:					
Signature over printed (Authorized Company Pe		Designation	Signature over printed name (Canvasser)	Date	Date:			