



# 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 [sbmappmd@gmail.com](mailto:sbmappmd@gmail.com)  
 email with "cc/bcc" WILL NOT BE ACCEPTED.

Approved Budget for the Contract: P225,000.00

For inquiries, contact: dolly at Tel. No. (047) 252- 4211 REFERENCE: 0 0 0 3 6 - 1 9 - 1 0 2 9 - 0 1 0 1

This is a "REQUEST FOR QUOTATION" for items listed below. Pls submit your quotation not later than <u>14 January 2019</u> . Please note that quotation submitted beyond the deadline given above, may not be considered.	<b>TERMS:</b> ✓ * Payment: _____ days ✓ * Delivery: _____ calendar days
* <input type="checkbox"/> NON-VAT <input checked="" type="checkbox"/> VAT REGISTERED <input type="checkbox"/> Vat Inclusive <input type="checkbox"/> Vat Exclusive TIN #: _____	<b>DELIVERY POINT:</b> PPMD RECEIVING SECTION Bldg 709, Burgos Street, Subic Bay Freeport Zone REMINDER: If FOB destination or others, please indicate the estimated freight cost.

ITEM NO	ITEM DESCRIPTION	QTY	UI	BRAND / WARRANTY	UNIT PRICE	TOTAL PRICE
1	SERVICES & MATERIALS: NECESSARY FOR THE REPAIR OF ONE (1) UNIT PIERCE FIRE TRUCK IAW MFR SPECS.	1	LO *			✓

**SCOPE OF WORK:**

1. CALIBRATE INJECTION PUMP ASSEMBLY.
2. CALIBRATE INJECTOR ASSEMBLY.
3. REPLACE FUEL FILTER / PRIMARY AND SECONDARY.
4. REPLACE FUEL HOSE.

**NOTE:**

1. CONTRACTOR MUST INSPECT THE EQUIPMENT AND FILL-UP THE CONTRACTORS/SUPPLIERS EVALUATION FORM FROM TRANSPORTATION DIVISION, MTD.
2. CONTRACTOR SHALL PROVIDE ALL PARTS/MATERIALS (BRAND NEW, ORIGINAL OR PREMIUM REPLACEMENT ITEMS) NEEDED FOR THE 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

* COMPANY NAME: _____ * MAILING ADDRESS: _____ * TEL NO.: _____ FAX NO.: _____ E-MAIL ADD: _____	* GRAND TOTAL: _____
<b>CERTIFICATION:</b> * 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:  _____ * Signature over printed name      Date      Designation (Authorized Company Personnel)	<b>CERTIFICATION:</b> I hereby certify that I have personally canvassed/verified the price/s of the item/s mentioned above.  _____ 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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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:  
 PIERCE FIRE TRUCK  
 MODEL: N153042S YEAR: 1998  
 VIN NO: 1FV6HLCB1WH973291  
 MFR: FREIGHTLINER CORPORATION  
 \*\*\*FRT-013

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 will 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: _____ * MAILING ADDRESS: _____ * TEL NO.: _____ FAX NO.: _____ E-MAIL ADD: _____		* GRAND TOTAL: _____
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