



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

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

QUOTATION FORM

You may send your quotation via email to sbmappmd@gmail.com
email with "cc/bcc" WILL NOT BE ACCEPTED.

Approved Budget for the Contract: P 111,640.00

For inquiries, contact: DOLLY

at Tel. No. (047) 252- 4211

REFERENCE: 0 0 0 4 4 - 1 9 - 1 2 0 6 - 0 1 6 8

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

| ITEM NO | ITEM DESCRIPTION | QTY | UI | BRAND / WARRANTY | UNIT PRICE | TOTAL PRICE |
|---|--|-----|----|------------------|------------|-------------|
| 1 | PAPER, TOILET TISSUE, 2-PLY, WHITE PURE PULP, JUMBO ROLL WITH PERFORATED SHEETS ON ROLL, 12 RO/BX | 40 | BX | * | _____ | ✓ |
| 2 | TOWEL, PAPER, WHITE, WITH PERFORATED SHEET, Z-TYPE, 1 PLY, 250 PULLS PER PACK, 16 PK/BX | 20 | BX | * | _____ | ✓ |
| 3 | SHAMPOO, CARPET, SOIL RETARDING, LIQUID CONCENTRATED | 4 | GL | * | _____ | ✓ |
| <p>PRODUCT SPECS: PH: APPROX. 9.2 FLASH POINT: >200F SOLUBILITY IN WATER: COMPLETE, SPECIFIC GRAVITY: 1.0 VISCOSITY:<CPS, APPEARANCE: CLEAR LIQUID FRAGRANCE FLORAL</p> | | | | | | |
| 4 | SOAP, HAND, CLEANSER, LIQUID CONCENTRATED, PLEASANTLY SCENTED, BACTERIOSTATIC LIQUID HAND SOAP, HEXACHLOROPHENE-FREE PRODUCT CONTAINING ANTI-MICROBIAL AGENT | 8 | GL | * | _____ | ✓ |
| 5 | DETERGENT POWDER, 10 KG/PK | 6 | PK | * | _____ | ✓ |

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| <p>* COMPANY NAME: _____</p> <p>* MAILING ADDRESS: _____</p> <p>* TEL NO.: _____ FAX NO.: _____ E-MAIL ADD: _____</p> | <p>* GRAND TOTAL: _____</p> |
|---|-----------------------------|

| | | |
|---|---|--|
| <p>CERTIFICATION:</p> <p>* 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:</p> <p>_____</p> <p>* Signature over printed name Date Designation (Authorized Company Personnel)</p> | <p>CERTIFICATION:</p> <p>I hereby certify that I have personally canvassed/verified the price/s of the item/s mentioned above.</p> <p>_____</p> <p>Signature over printed name Date (Canvasser)</p> | <p>Opened by: _____</p> <p>Witnesses: _____</p> <p>_____</p> <p>_____</p> <p>Date: _____</p> |
|---|---|--|

| ITEM NO | ITEM DESCRIPTION | QTY | UI | BRAND / WARRANTY | UNIT PRICE | TOTAL PRICE |
|---------|--|-----|------|------------------|------------|-------------|
| 6 | PAD, FOR SPRAY CLEANING & BUFFING PROTECTED FLOORS, SIZE: 17", THICKNESS: 1", WITH CENTER HOLE, COLOR: RED | 4 | EA * | | | |

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.

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| * COMPANY NAME: _____ | * GRAND TOTAL: _____ |
| * MAILING ADDRESS: _____ | |
| * 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: _____ Date _____ Designation _____ (Authorized Company Personnel) | CERTIFICATION: I hereby certify that I have personally canvassed/verified the price/s of the item/s mentioned above. _____ 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.