



# 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: P350,000.00

For inquiries, contact: dolly

at Tel. No. (047) 252- 4211

REFERENCE: 0 0 0 0 4 - 1 8 - 1 2 1 9 - 0 9 6 3

| This is a "REQUEST FOR QUOTATION" for items listed below.<br>Pls submit your quotation not later than <u>15 JANUARY 2019</u> .<br>Please note that quotation submitted beyond the deadline given above, may not be considered. |                  | <b>TERMS:</b> ✓ <b>Payment:</b> ___ days<br>✓ <b>Delivery:</b> ___ calendar days  |    |                  |            |             |
|--|------------------|---|----|------------------|------------|-------------|
| * <input type="checkbox"/> NON-VAT    ✓ <input type="checkbox"/> VAT REGISTERED<br><input type="checkbox"/> Vat Inclusive <input type="checkbox"/> Vat Exclusive<br><b>TIN #:</b> _____  |                  | <b>DELIVERY POINT:</b><br>PPMD RECEIVING SECTION<br>Bldg 709, Burgos Street, Subic Bay Freeport Zone<br>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: GENERAL PEST CONTROL<br>ONE (1) YEAR CONTRACT FOR NGDC3 FACILITIES @ BLDG. 8172, 8181, AND OFFICE EXTENSION ZAMBALES HIGHWAY, CUBI-TRIBOA DISTRICT, SUBIC BAY FREEPORT ZONE | 1 | LO * |  |  | ✓ |
|---|---|---|------|--|--|---|

### SCOPE OF WORKS:

- A) ERADICATE RODENT AND HOUSEHOLD PESTS
- B) ERADICATE TERMITE INFESTATION USING INTERCEPTION AND BAITING SYSTEM

### NOTES:

- 1. PLEASE SEE ATTACHED TERMS OF REFERENCE (TOR)
- 2. CONTRACTOR TO CONDUCT OCULAR INSPECTION AT THE PROJECT SITE AND MUST ENCLOSE CERTIFICATE OF INSPECTION TO BE ISSUED BY NGDC3-PMO.

### NOTE TO SUPPLIERS:

- Supplier/s may submit their quotation/s thru:
- \*PERSONAL
- \*COURIER
- \*EMAIL DIRECTLY to [sbmappmd@gmail.com](mailto:sbmappmd@gmail.com). (Quotation/s sent to any other email address will not be considered)
- \*Suppliers may observe the opening of bids/quotations; kindly confirm schedule with the Technical Section at (047) 252-4503.

|   |  |   |
|---|--|---|
| * COMPANY NAME: _____<br>* MAILING ADDRESS: _____<br>* TEL NO.: _____ FAX NO.: _____ E-MAIL ADD: _____  |  | * GRAND TOTAL: _____  |
| <b>CERTIFICATION:</b><br>* 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:<br><br>_____<br>* Signature over printed name      Date      Designation<br>(Authorized Company Personnel) |  | <b>CERTIFICATION:</b><br>I hereby certify that I have personally canvassed/verified the price/s of the item/s mentioned above.<br><br>_____<br>Signature over printed name      Date<br>(Canvasser) |
|   |  | Opened by: _____<br>Witnesses: _____<br>_____<br>_____<br>Date: _____   |

**IMPORTANT NOTICE TO SUPPLIER/CONTRACTOR:**

Please answer all required data marked with \*.

Under RA 7227, SBMA is exempted from VAT.