



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
 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 7 - 2 0 - 0 1 2 9 - 0 1 3 3

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, may not be considered.	TERMS: * Payment: _____ days * Delivery: _____ calendar days														
* <input type="checkbox"/> NON-VAT <input type="checkbox"/> VAT REGISTERED <input type="checkbox"/> Vat Inclusive <input type="checkbox"/> Vat Exclusive TIN #: _____	DELIVERY POINT: PPMD RECEIVING SECTION Bldg 709, Burgos Street, Subic Bay Freeport Zone REMINDER: If FOB destination or others, please indicate the estimated freight cost.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">ITEM NO</th> <th style="width: 55%;">ITEM DESCRIPTION</th> <th style="width: 5%;">QTY</th> <th style="width: 5%;">UI</th> <th style="width: 10%;">BRAND / WARRANTY</th> <th style="width: 10%;">UNIT PRICE</th> <th style="width: 5%;">TOTAL PRICE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td>PRINthead, FOR PRINTER MODEL DTC4500</td> <td style="text-align: center;">2</td> <td style="text-align: center;">EA *</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	ITEM NO	ITEM DESCRIPTION	QTY	UI	BRAND / WARRANTY	UNIT PRICE	TOTAL PRICE	1	PRINthead, FOR PRINTER MODEL DTC4500	2	EA *	_____	_____	_____	
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1	PRINthead, FOR PRINTER MODEL DTC4500	2	EA *	_____	_____	_____									

NOTE:
 WARRANTY: ONE (1) YEAR

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: _____ * 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: _____ * Signature over printed name Date Designation (Authorized Company Personnel)	CERTIFICATION: 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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