



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: P100,000.00

For inquiries, contact: DOLLY at Tel. No. (047) 252- 4211

REFERENCE: 0 0 0 5 1 - 2 0 - 1 2 2 6 - 0 0 9 4

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: <input checked="" type="checkbox"/> Payment: _____ <i>days</i> <input checked="" type="checkbox"/> Delivery: _____ <i>calendar days</i>
* <input type="checkbox"/> NON-VAT <input checked="" 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.

ITEM NO	ITEM DESCRIPTION	QTY	UI	BRAND / WARRANTY	UNIT PRICE	TOTAL PRICE
1	AIRBAND RADIO, BASE / MOBILE	2	EA *			✓

SPECIFICATIONS:
 FREQUENCY RANGE: 118-136.992 MHZ
 CHANNEL SPACING: 25 KHZ/8.33 KHZ
 OUTPUT POWER: 9.0W TYPICAL, 10.0W MAXIMUM
 MEMORY CHANNEL: 200 CHANNELS OR MORE
 EMISSION TYPE: A3E
 OPERATING TEMPERATURE: -30 C TO +60 C
 FREQUENCY STABILITY: +5PPM (-30 C TO +60 C
 ANTENNA CONNECTOR: 50OHMS
 IP RATING: IP-54
 NTC TYPE APPROVED

****COMPLETE WITH ACCESSORIES (ANTENNA, MIC, POWER SUPPLY, ANTENNA CABLE WITH CONNECTOR ETC.)**
****MUST INDICATE BRAND/MAKE TYPE AND MODEL BEING OFFERED**

NOTE:
 ONE(1) YEAR PARTS AND SERVICE WARRANTY

* 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.

ITEM NO	ITEM DESCRIPTION	QTY	UI	BRAND / WARRANTY	UNIT PRICE	TOTAL PRICE
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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: _____
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