

Please quote the best price of the item(s) below under the following conditions:

1. Submit your price quotation opposite the pertinent item(s) on this form not later than _____ PM on _____ in a sealed envelope on which should appear the reference number stated above. Your presence or your authorized representative is requested at the opening of bids.
 2. The price shall be valid within _____ days from date of quotation.
 3. In the event that a Purchase Order is issued in your favor in connection herewith, the items should be valid within _____ days from receipt hereof.
 4. Payment shall be made within _____ days after delivery and acceptance of the items called for and upon compliance of our requirements for payment.
 5. Indicate guarantee coverage and other relevant terms if required.
- I.E. Failure to accomplish Nos. 2 & 5 above shall be ground to disqualify your quotation.
The Authority serves the right to accept or reject any or all quotations and to impose additional terms and condition it may deem proper.

// Freight // Insurance // 10% retention Fee // Others

REYNALDO T. HINAUT
Admin. Division Manager

PHILIPPINE PORTS AUTHORITY
PMO-NOBB
Banago Port, Brgy. Banago, Bacolod City 441-1403

2

We hereby offer to supply you with the item(s) listed hereunder with our price quotation shown opposite each item and under the terms and conditions above. We certify, in this connection, that our establishment in the manufacturer/licensed distributor/dealer of the items listed below, and the at least 60% of the capital thereof is owned by Filipino citizen. Proof to this effect may be submitted if required.

Item#	Qty.	unit	Items & Specifications	Unit Cost	T O T A L
1	50	unit	<p>Supply and Delivery of Safety and Security Signages</p> <p>Banago Port - 12 units San Carlos Port - 13 units Danao Port - 8 units Pulupandan Port - 10 units Hinobaan Port - 7 units</p> <p>See attached Summary list of safety and security signages, design and specifications.</p> <p>Purpose : In compliance with Article X, Section 7 of the PPA Orange Book (Book-1 Safety and Health in Ports) and of the Facility Security Plan (PFSP)</p> <p>See attached requirements</p>		

RIV#:

Name of Establishment: _____
Signature of Supplier/Contractor: _____
Printed Name/Position: _____
TIN # / VAT or NON-VAT: _____
Tel. No.: _____