

REQUEST FOR QUOTATION

procure	The Philippine Statistics	Authority (PSA) t		nd Awards Committee (BAC), inte	nds to					
*	all be undertaken in accordance	ce with	Pno	to Paper Section 52.1(b) (Shor	aning)					
			s of Republic Act I	No. 9184, with an Approved Budg	ot of the					
		o 12,000.00	3 of Republic Act I	Twelve Thousand Pe						
001111000										
	Please quote your best off	er for the item/s	described herein,	subject to the Terms and Condition	ons provided					
below. St	ubmit your quotation duly signe	ed by you or your	duly authorized rep	presentative not later than						
n <u>s</u>	<u> </u>	11:00 AM	_ through email at	bac-secretariat@psa.gov.ph and	bacsecretariat.psa@gmail.com					
	For any clarification, you ma	ay contact us at te	elephone no. (02)	8374-8263 or email address at						
gsdprocur	ement.psa@gmail.com									
				AM on anile	10 -					
			AMMOM'WAS MINERVA ELOISA P. ESQUIVIAS							
				Shairperson, Bids and A	wards Committee					
			ERMS AND CO							
1	Bidders shall provide correct and accurate information required in this form.									
2	Price quotattion/s must be valid for a period of thirty (30) calendar days from the date of submission.									
3	Price quotation/s, to be denominated in Philippine peso, shall include all taxes, duties and/or levies payable.									
4	Quotations exceeding the ABC shall be rejected.									
5	Award of contract shall be made to the lowest calculated and responsive bid (LCRB).									
6	Any interlineations, erasures or	overwriting shall be	valid only if they are	signed or initialed by you or your duly a	uthorized representative.					
7	In case of two or more bidders a	In case of two or more bidders are determined to have submitted the LCRB, the PSA shall adopt and employ "draw lots" as the tie-breaking method to								
	finally detrmine the single winning	ng bidder in accorda	nce with GPPB Circu	lar 06-2005.	to the second to the second to					
8	The item/s shall be delivered according to the requirements specified in the Purchase Request (PR).									
9	The PSA shall have the right to inspect and/or test the goods to confirm their conformity to the Technical Specifications.									
10	Payment shall be made after delivery and upon submission of the required supporting documents, i.e. Order Slip and/or Billing Statement, by the									
	supplier. Our Government Servicing Bank, Land Bank of the Philippines, shall credit the amount due to the identified bank of the supplier not									
	earlier than twenty four (24) hours, but not later than forty eight (48) hours, upon receipt of our advice. Please note that the corresponding bank									
11	transfer fee, if any, shall be chargeable to the account of the supplier.									
11	Liquidated damages equivalent to one tenth (1/10) of one percent (1%) of the value of the goods not delivered within the prescribed period shall be imposed per day of delay. The PSA shall rescind the contract once the cumulative amount of liquidated damages reaches ten percent (10%) of the									
	amount of the contract, without	prejudice to other co	urses of action and re	emedies open to it.	s reaches ten percent (10%) of the					
	Documents to be submitted		eadline	T	narks					
		Not later than	0 9 DEC 2022		1 TO 1075					
Copy of the 2022 Mayor's/Business Permit or valid PhilGEPS Registration		at	11:00 AM	In case not yet available, you may submit your or	expired Mayor's/Permit with Official Receipt of					
		together with the quota		renewal application. However, a copy of your 2022 Mayor's/Business Permit shall be red to be submitted after award of contract but before payment.						
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Anagement system SO 9001:2015

PSA Complex, East Avenue, Diliman, Quezon City, Philippines 1101 Telephone: (632) 8938-5267

www.psa.gov.ph



REQUEST FOR QUOTATION PR No. 22-10-1755

After having carefully read and accepted the Terms and Conditions, I/We submit our quotation/s for the item/s as follows: Compliance with Total Technical Amount Item(s) and Specification(s), minimum Unit Quantity Unit Price Specifications (pls. (VAT check) Inclusive) Yes No Photo Paper pack 100 Specifications: *A4 size *200 gsm

Total amount in words:					
Printed name of the authorize	ed representative:		Signature:		
Name of Company:		Position:			
Address:		Email address			
Fax No.:	Tel. No.:	Mobile No.:			
Date:					