

REQUEST FOR QUOTATION

	The	hilippine Statistics	Authority (PSA) t	hrough the Bids and	Awards Committee (BAC), intends to			
procure Portable Speaker (Bluetooth)								
which	h shall be	undertaken in accord	dance with		Section 52.1 (b) (Shopping)			
of the	of the 2016 Revised Implementing Rules and Regulations of Republic Act No. 9184, with an Approved Budget of the							
Contract (ABC) in the amount of 41,250.00				Forty O	ne Thousand Two Hundred Fifty Pesos Only			
	Pleas	e quote your best o f	ffer for the item/s	described herein, su	ubject to the Terms and Conditions provided			
belov	w. Submit	your quotation duly s	igned by you or yo	ur duly authorized rep	presentative not later than			
03	JADDAR	1-/ 2025 at	III DOAH	through email at	bac-secretariat@psa.gov.ph and			
bacse	cretariat.ps	@gmail.com.						
gsdpr		ny clarification, you r	may contact us at to	elephone no. (02) 83 7	74-8263 or email address at			
		MINERVA ELOISA P. ESQUIVIAS						
					nairperson, Bids and Awards Committee			
1	TERMS AND CONDITIONS 1 Bidders shall provide correct and accurate information required in this form.							
2	Price o	Price quotattion/s must be valid for a period of thirty (30) calendar days from the date of submission.						
3 4		uotation/s, to be denominat ons exceeding the ABC sha		all include all taxes, duties a	nd/or levies payable.			
5	Awaiu	Award of contract shall be made to the lowest quotation which complies with the technical specifications, and other terms and conditions stated herein. This procurement project is to be awarded by lot.						
6	Any in	Any interlineations, erasures or overwriting shall be valid only if they are signed or initialed by you or your duly authorized representative.						
In case of two or more bidders are determined to have submitted the LCRB, the PS finally detrmine the single winning bidder in accordance with GPPB Circular 06-200			determined to have sub- bidder in accordance with	nitted the LCRB, the PSA sh n GPPB Circular 06-2005.	nall adopt and employ "draw lots" as the tie-breaking method to			
8		The item/s shall be delivered according to the requirements specified in the Purchase Request (PR). The PSA shall have the right to inspect and/or test the goods to confirm their conformity to the Technical Specifications.						
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10	supplie than to	r. Our Government Servicin	ng Bank, Land Bank of the not later than forty eig	ne Philippines, shall credit t ht (48) hours, upon receipt	documents, i.e. Order Slip and/or Billing Statement, by the the amount due to the identified bank of the supplier not earlier of our advice. Please note that the corresponding bank transfer			

Documents to be submitted	Deadline	Remarks
Copy of the 2022 Mayor's/Business Permit and valid PhilGEPS Registration		In case not yet available, you may submit your expired Mayor's/Permit with Official Receipt of renewal application. However, a copy of your 2022 Mayor's/Business Permit shall be required to be submitted after award of contract but before payment.

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

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PSA Complex, East Avenue, Diliman, Quezon City, Philippines 1101 Telephone: (632) 8938-5267 www.psa.gov.ph

amount of the contract, without prejudice to other courses of action and remedies open to it.

RECEIVED
GSD Procurement
Name: Receive
Date: 12 21
Time: 21 20

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PR No. 22-12-1995

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 Unit Amount Item(s) and Specification(s), minimum Unit Specifications (pls. Quantity Price (VAT check) Inclusive) Yes No unit Portable Speaker (Bluetooth) - Stereo Pair - Compact - Battery Type: Rechargeable Lithium-ion-polymer Bluetooth: Yes - Built-in Battery: Yes - Connectivity: Type-C/audio jack/sd card X-X-X-X-X-X-X Total amount in words: Printed name of the authorized representative: Signature: Name of Company: ___Position: Address: __Email address: ___ Fax No.: Tel. No.: ____Mobile No.: Date: