

REQUEST FOR QUOTATION

The Philippine Statistics Authority (PSA) through the Bids and Awards Committee (BAC), intends to									
procure Office Journal and Liquid Gel Pen									
which shall be undertaken in accordance with	ich shall be undertaken in accordance with Section 53.9 (Small Value Procurement)								
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 28,	3,620.00 Twenty E	ight Thousand Six Hundred Twenty Pesos Only							
Please quote your best offer for the item/s described herein , subject to the Terms and Conditions provided below. Submit your quotation duly signed by you or your duly authorized representative not later than If 6 AUG 2022 at through email at bac-secretariat@psa.gov.ph and bacsecretariat.psa@gmail.com. For any clarification, you may contact us at telephone no. (02) 8374-8263 or email address at gsdprocurement.psa@gmail.com									
This procurement project is to be awarded by lot. Any interlineations, erasures or overwriting shall be In case of two or more bidders are determined to h finally detrmine the single winning bidder in accord The item/s shall be delivered according to the requ The PSA shall have the right to inspect and/or test	TERMS AND CONDITION nation required in this form. irty (30) calendar days from the date e peso, shall include all taxes, duties a otation which complies with the techn be valid only if they are signed or initia have submitted the LCRB, the PSA s rdance with GPPB Circular 06-2005. quirements specified in the Purchase I st the goods to confirm their conformit	e of submission. and/or levies payable. ical specifications, and other terms and conditions stated herein. aled by you or your duly authorized representative. shall adopt and employ "draw lots" as the tie-breaking method to Request (PR). by to the Technical Specifications.							
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 Phillippines, 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 transfer fee, if any, shall be chargeable to the account of the supplier. 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 courses of action and remedies open to it.									
Documents to be submitted	Deadline	Remarks							
Copy of the 2022 Mayor's/Business Permit and valid PhilGEPS Registration	Not later than at together with the quotation	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.							



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

REQUEST FOR QUOTATION PR No. 22-07-1249

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 Quantity Item(s) and Specification(s), minimum Unit Specifications (pls. Price (VAT check) Inclusive) 106 pcs Office Journal Specifications: - Lightweight and handy - Cover: Hardbound with PSA and DA-BAR logo, and with printed - Inside page: 200 leaves - As per sample design 106 pcs Liquid Gel Pen Specifications: - 0.5mm, Fine Line Capped, Needle point - With PSA and DA-BAR logo, and with printed text Color Black - As per sample design Note: Supplier must submit sample of actual product prior to mass production X-X-X-X-X-X-X

Total amount in words:								
Printed name of the authorized	d representative:					Signature:		
Name of Company:					Position:			
Address:					Email addre	ss:		
Fax No.:		Tel. No.:		Mobile No.				
Date:		56-20 (1999) - 10-20	_					