

approved supplemental

## REQUEST FOR QUOTATION

The Philippine Statistics Authority (PSA) through the Bids and Awards Committee (BAC), intends to

procure	ure Digital Voice Recorder				
which shall be undertaken in accordance with Section 52.1 (Shopping)					
of the 2016	Act No. 9184, with an Approved Budget of the				
Contract (A	ABC) in the amount of 15,000	.00	Fifteen Thousand 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				
	DOT 7022		bac-secretariat@psa.gov.ph		
	For any clarification, you may conta	act us at telephone no.	(02) 8374-8263 or email address at		
gsdprocurer	ment.psa@gmail.com				
			MINERVA ELOISA P. ESQUIVIAS		
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			Chairperson, Bids and Awards Committee		
		TERMS AND CO	NDITIONS		
1	Bidders shall provide correct and accurate information required in this form.				
2	Price quotattion/s must be valid for a peri				
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	ng shall be valid only if the	y are signed or initialed by you or your duly authorized representative.		
7	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-				
8	breaking method to finally detrmine the s	ingle winning bidder in acc	ordance with GPPB Circular 06-2005.		
9	The item/s shall be delivered according to				
10	The PSA shall have the right to inspect and/or test the goods to confirm their conformity 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 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 <b>bank transfer fee</b> , 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 courses of action and remedies open to it.				
		act, without prejudice to of	ther courses of action and remedies open to it.		
	Documents to be submitted	Deadline	Remarks		
Copy of the 2022 Mayor's/Business Permit or valid PhilGEPS Registration		Not later than at 11' and 12' 4 DCT	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

together with the quotation

www.psa.gov.ph

## REQUEST FOR QUOTATION PR No. 22-09-1598

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 Quantity Specifications (pls. Price (VAT check) Inclusive) Yes No Digital Voice Recorder Unit - Record in MP3/LPCM with a high sensitivity S-Microphone - Up to 16GB of built-in storage, expandable via microSD (SDHC/SDXC) cards - Auto voice recording with reduced background noise -Direct USB built in for easy connection to PC - Built-in lithuim battery with quick charge for one hour recording 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:			