

REQUEST FOR QUOTATION

	The Philippine Statistics Authority (P	SA) through the Bids and Awards Committee (BAC), intends to						
procure	Various Office Supplies for	consumption of the Division to support its HSDV related activities						
which sha	Il be undertaken in accordance with	Section 52.1 (Shopping)						
of the 201	6 Revised Implementing Rules and Regul	ations of Republic Act No. 9184, with an Approved Budget of the						
Contract (ABC) in the amount of 16,184.00	Sixteen Thousand One Hundred Eighty Four Pesos						
	Please quote your hest offer for the ite	m/s described herein, subject to the Terms and Conditions provided						
helow Su		your duly authorized representative not later than						
	0000	through email at bac-secretariat@psa.gov.ph						
		s at telephone no. (02) 8374-8263 or email address at						
gsdprocure	ment.psa@gmail.com							
		MINERVA ELOISA P. ESQUIVIAS						
		Ghairperson, Bids and Awards Committee						
	TI	ERMS AND CONDITIONS						
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 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-breaking method to finally detrmine the single winning bidder in accordance with GPPB Circular 06-2005.							
8	그는 맛이 가게 하는 아니는 아니는 아니를 잃었다면 하는 것이 되어 하셨다면 하는 것이 모르는 것이 없다면 하는 것이다.	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,							
11	supplier not earlier than twenty four (24) ho the corresponding bank transfer fee , if any, s Liquidated damages equivalent to one tenth (1 shall be imposed per day of delay. The PSA st	nk, Land Bank of the Philippines, shall credit the amount due to the identified bank of the urs, but not later than forty eight (48) hours, upon receipt of our advice. Please note that hall be chargeable to the account of the supplier. /10) of one percent (1%) of the value of the goods not delivered within the prescribed period hall rescind the contract once the cumulative amount of liquidated damages reaches ten without prejudice to other courses of action and remedies open to it.						
	Description of the second seco							

Documents to be submitted	Deadline	Remarks			
Copy of the 2022 Mayor's/Business Permit or valid PhilGEPS Registration	at II'. GORM	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

Telephone: (632) 8938-5267 www.psa.gov.ph

RECEIVED GSD Procurement

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10/24

REQUEST FOR QUOTATION PR No. 22-08-1365

After having carefully read and accepted the Terms and Conditions, I/We submit our quotation/s for the item/s as follows:

Item(s) and Specification(s), minimum	Unit	Quantity	Unit Price	Total Amount (VAT Inclusive)	Compliance with Technical Specifications (pls. check)	
					Yes	No
Paper, Multi-purpose (Copy/Book) A4 70gsm	ream	20				
Paper, Multi-purpose (Copy/Book) A4 80gsm	ream	15				
Paper, Multi-purpose (Copy/Book) Legal 80gsm 3.5" x 13"	ream	20				
Clip, backfold, 25mm	box	20				
KN 95 Facemask (50pcs/box	box	25				
	-					
	 					
	-					
otal amount in words:						
Printed name of the authorized representative:		Signature:				
Name of Company:			Position:			
Address:			Email addr			
Date:		=				