



RECEIVED GSD Procurement

Name: Date Time: . ane

## REQUEST FOR QUOTATION

|   | The Philippine Statistics Aut   | thority (PSA) through the Bids and  | Awards Committee (BAC), intends to                               |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|--|
| procure   | Printing of SDG Brochure  |   |  |  |  |  |  |  |  |
| which sha   | all be undertaken in accordance v   | with  | Section 53.9 (Small Value Procurement)                           |  |  |  |  |  |  |
| of the 201  | 16 Revised Implementing Rules a   | and Regulations of Republic Act No  | . 9184, with an Approved Budget of the                           |  |  |  |  |  |  |
| Contract (  | (ABC) in the amount of Php  | Sixty Thousand Pesos Only   |  |  |  |  |  |  |  |
| halaw Cu  |   | for the <b>item/s described herein</b> , s<br>by you or your duly authorized repre  | subject to the Terms and Conditions provided                     |  |  |  |  |  |  |
| Delow. Sc   |   |   | bac-secretariat@psa.gov.ph and bacsecretariat.psa@gmail.com      |  |  |  |  |  |  |
| CORCIA  | Ry 18,2019 at Nio   | unough chian at   | bac-secretariate-psatgov.pn and bac-secretariate-psate-gmain.com |  |  |  |  |  |  |
|   | For any clarification, you may  | contact us at telephone no. (02) 83   | 374-8263 or email address at                                     |  |  |  |  |  |  |
| gsdprocur   | ement.psa@gmail.com   |   |  |  |  |  |  |  |  |
|   | MINERVA ELOISA P. ESQUIVIAS  (Ch/airperson, Bids and Awards Committee   |   |  |  |  |  |  |  |  |
|   |   | TERMS AND COM   | IDITIONS   |  |  |  |  |  |  |
| 1   |   |   |  |  |  |  |  |  |  |
| 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 ov   | 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  | 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 winni  | ing bidder in accordance with GPPB Circ   | cular 06-2005.   |  |  |  |  |  |  |
| 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 in  | spect and/or test the goods to confirm the  | neir 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 ban  |   |  |  |  |  |  |  |  |
| 11  | 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 2024 Mayor's/Business Permit and valid PhilGEPS Registration  Notarized Omnibus Sworn Statement (OSS) |   | not later than 2 /28 /24<br>at 111,004  | together with the quotation                                      |  |  |  |  |  |  |
|   | 2. A  | <u> </u>  |  |  |  |  |  |  |  |







## REQUEST FOR QUOTATION PR No. 24-02-0132

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

| fter having carefully read and accepted the Terms and Condi | Itions, i/vve sui   | T I      | Otation/o for the |                                       | Complia  | nce with |  |  |
|---|---------------------|----------|-------------------|---------------------------------------|--|----------|--|--|
| Item(s) and Specification(s), minimum                       | Unit                | Quantity |                   | Total<br>Amount<br>(VAT<br>Inclusive) | Compliance with<br>Technical<br>Specifications (pls.<br>check)   |          |  |  |
|   |                     |          |                   |                                       | Yes  | No       |  |  |
| Printing of SDG Brochure                                    | pcs                 | 3,000    |                   |                                       |  |          |  |  |
| Specification:  |                     |          |                   |                                       |  |          |  |  |
| Brochure Type   |                     | <b>_</b> |                   |                                       |  |          |  |  |
| A3 paper size   |                     |          |                   |                                       |  |          |  |  |
| Glossy paper, Spot UV on front cover                        |                     |          |                   |                                       |  |          |  |  |
| (to be emphasized one design is sent)                       |                     |          |                   |                                       |  |          |  |  |
| Full Colors   |                     |          |                   |                                       |  |          |  |  |
| Two side printing   |                     |          |                   | ļ                                     |  |          |  |  |
| Four (4) folds, lengthwise                                  |                     |          |                   |                                       |  |          |  |  |
|   |                     |          |                   |                                       | -  | -        |  |  |
|   |                     |          |                   |                                       |  |          |  |  |
|   |                     |          |                   |                                       |  |          |  |  |
|   |                     |          |                   |                                       |  |          |  |  |
|   |                     |          |                   |                                       |  |          |  |  |
|   |                     |          |                   |                                       |  |          |  |  |
| 7   |                     |          |                   |                                       |  |          |  |  |
|   |                     |          |                   |                                       |  |          |  |  |
|   |                     |          |                   |                                       |  |          |  |  |
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|   |                     | _        | -                 |                                       |  |          |  |  |
|   |                     |          | -                 |                                       |  |          |  |  |
|   |                     | -        |                   |                                       | +  |          |  |  |
|   |                     |          |                   | -                                     | _  |          |  |  |
|   |                     |          |                   | _                                     | +  | -        |  |  |
|   |                     |          |                   | -                                     |  | -        |  |  |
|   |                     |          |                   |                                       |  | -        |  |  |
|   |                     |          |                   |                                       |  | +        |  |  |
|   |                     |          |                   |                                       |  |          |  |  |
|   |                     |          |                   |                                       |  |          |  |  |
|   |                     |          |                   |                                       |  |          |  |  |
|   |                     |          |                   |                                       |  |          |  |  |
|   |                     |          |                   |                                       |  |          |  |  |
| Total amount in words:                                      |                     |          |                   |                                       |  |          |  |  |
|   | * - 11 - 1          |          |                   | Signature:                            | - The second sec |          |  |  |
| Printed name of the authorized representative.              |                     |          |                   |                                       |  |          |  |  |
| Name of Company: Position:                                  |                     |          |                   |                                       |  |          |  |  |
| Address:  | Email address       |          |                   |                                       |  |          |  |  |
| T-I M-  | Tel No: Mobile No.: |          |                   |                                       |  |          |  |  |
| Fax No.: Tel. No.:  |                     |          |                   |                                       |  |          |  |  |
| Date:   |                     |          |                   |                                       |  |          |  |  |