

REQUEST FOR QUOTATION

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

procure			wledge Management Training							
	all be undertaken in accordance with		ection 53.9 (Small Value Procurement)							
			lo. 9184, with an Approved Budget of the							
Contract ((ABC) in the amount of 480,000).00Fo	our Hundred Eighty 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										
MARIL	25,2029 at 11.000	through email at	bac-secretariat@psa.gov.ph							
	For any clarification, you may conta	act us at telephone no. (02)	8374-8263 or email address at							
gsdprocurement.psa@gmail.com										
			MINERVA ELOISA P. ESQUIVIAS Anirperson, Bids and Awards Committee							
		TERMS AND CON	DITIONS							
1	1 Bidders shall provide correct and accurate information required in this form.									
2	Price quotattion/s must be valid for a period									
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 lo	west 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	The item/s shall be delivered according to									
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, 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 bank transfer fee, 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.									
	Documents to be submitted	Deadline	Remarks							
Copy of the 2024 Mayor's/Business Permit and valid PhilGEPS Registration		Not later than 4/28/29	Together with the quotations.							

Notarized Omnibus Sworn Statement

REQUEST FOR QUOTATION PR No. 24-04-0346

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

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Item(s) and Specification(s), minimum		Quantity	Unit Price	Total Amount (VAT Inclusive)	Compliance with Technical Specifications (pls. check)			
					Yes	No		
Training Provider for the Knowledge Management Training	lot	1						
A training course that will enable participants to apply the fundamental concepts, practices, and tools in creating, sharing and applying knowledge to enhance organizational productivity and growth. The training course will also highlight how knowledge management dovetails with the Philippine Quality Award (PQA) framework and the ISO 30401:2018 Knowledge Management Systems (KMS)								
Target Date: 28to 30 May 2024								
No. of Participants: 40								
Training Venue: 24th Flr., Multi-Function Hall 1A								
X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X								
Total amount in words:								
Printed name of the authorized representative:	Signature:							
Name of Company: Position:								
Address:	Email addr	Email address:						
Fax No.:Tel. No.:		_Mobile No.:						
Date:								