

## REQUEST FOR QUOTATION

	The Philippine Statistics Authori	ority (PSA) through the Bids and Awards Committee (BAC), intends to							
procure	ocure Meals for the 2025 Demographic and Health Statistics Division Planning Workshop from 15 to 16 October 2024								
which 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 (A	ABC) in the amount of Php 22,10	100.00 Twenty Two Thousand One Hundred Pesos							
Please quote your <b>best offer</b> for the <b>item/s described herein</b> , subject to the Terms and Conditions provided below. Submit your quotation duly signed by you or your duly authorized representative <b>not later than</b>									
60T. C	7, 2024 at 11:00.5	through email at <a href="mailto:bac-secretariat@psa.gov.ph">bac-secretariat@psa.gov.ph</a>							
For any clarification, you may contact us at telephone no. (02) 8374-8263 or email address at <a href="mailto:gsdprocurement.psa@gmail.com">gsdprocurement.psa@gmail.com</a>									
		MINERVA ELOISA P. ESQUIVIAS  Chairperson, Bids and Awards Committee							
TERMS AND CONDITIONS									
1	Bidders shall provide correct and accura	urate information required in this form.							
2		period of <b>thirty (30) calendar days</b> from the date of submission.							
2	Brico guetation/s, to be dependented in Philippine page, shall include all taxes, duties and/or levies navable								

- 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.
- Award of contract shall be made to the lowest calculated and responsive bid (LCRB). 5
- 6 Any interlineations, erasures or overwriting shall be valid only if they are signed or initialed by you or your duly authorized representative.
- 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 7 finally detrmine the single winning bidder in accordance with GPPB Circular 06-2005.
- 8 The item/s shall be delivered according to the requirements specified in the Purchase Request (PR).
- The PSA shall have the right to inspect and/or test the goods to confirm their conformity to the Technical Specifications. 9
- Payment shall be made after delivery and upon submission of the required supporting documents, i.e. Order Slip and/or Billing Statement, by the 10 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.
- 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 11 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 10/1/29	together with the quotation		





## REQUEST FOR QUOTATION PR No. 24-09-1018

Date:

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	s) and Specification(s), minimum		Quantity	Unit Price	Total Amount (VAT Inclusive)	Compliance with Technical Specifications (pls. check) Yes No			
Meals for the 2025 D Statistics Division P	Demographic and Health Planning Workshop	pack	17			163	140		
<b>Date:</b> 15 to 16 October 2024, 8:00AM to 5:00PM <b>Venue:</b> 20th Floor Board Room, PSA Headquarters, PSA Complex, Quezon City									
Total amount in words:									
Printed name of the authorize	ed representative:		Signature:						
Name of Company:			Position:						
Address:	ess: Email address:						)		
Fax No.:	Tel. No.:		_Mobile No.:						