



REQUEST FOR QUOTATION

procure	The Philippine Statistics		d Awards Committee (BAC), intends to x P8000/7000							
which sha	Il be undertaken in accordance	ce with	Section 52.1(b) (Shopping)							
of the 201	6 Revised Implementing Rule	es and Regulations of Republic Act N	o. 9184, with an Approved Budget of the							
Contract (ABC) in the amount of Ph	p 120,000.00	One Hundred Twenty Thousand Pesos							
	Please quote your hest of	er for the item/s described boroin	subject to the Terms and Conditions provided							
below Sul		ed by you or your duly authorized rep								
CCT.			bac-secretariat@psa.gov.ph and							
01.										
	For any clarification, you m	ay contact us at telephone no. (02) 8	374-8263 or email address at							
gsdprocure	ment.psa@gmail.com									
			am one would							
AMOngmuas										
			MINERVA ELOISA P. ESQUIVIAS							
			hairperson, 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 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 LCF	RB, the PSA shall adopt and employ "draw lots" as the tie-breaking method to							
	finally detrmine the single winni	ng bidder in accordance with GPPB Circul	ar 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 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									
	than twenty four (24) hours than	upplier. 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 re	emedies open to it.							
	Documents to be submitted	Deadline	Remarks							
0 / / / 000		10/10/10								
Copy of the 202 PhilGEPS Regis	24 Mayor's/Business Permit and valid stration	not later than 0/01/24	together with the quotation							
		al HI-ODAN								



REQUEST FOR QUOTATION PR No. 24-09-1022

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

Alter having earcrany read and accepted the remaining	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, where the Owner, where the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, which	Name and Address of the Owner, where the Owner, which is the Owner, which is the Owner, where the Owner, which is the Owner	The state of the s				
Item(s) and Specification(s), minimum		Quantity	Unit Price	Total Amount (VAT Inclusive)	Compliance with Technical Specifications (pls. check) Yes No		
Duinters niv D0000/7000	cart	20			100	1.0	
Printronix P8000/7000 Standard Life Cartridge Ribbon		20					
Standard Life Cartridge Ribbon							
		-					
		-					
		1					
	-						
Total amount in words:					- A CONTRACTOR OF THE PARTY OF		
Printed name of the authorized representative: Signature:							
Name of Company:				Position:			
Address:				Email address:			
Fax No.: Tel. No.:							
Date:		_ Mobile No.					