



## REQUEST FOR QUOTATION

| The Philippine Statistics Authority (PSA) through the Bids and Awards Committee (BAC), intends to  |  |  |
|--|--|--|
| Single Workstation Fabric with Glass and Office Miss.  |  |  |
| Section 52.1(b) (Snopping)   |  |  |
| which shall be undertaken in accordance with of the 2016 Revised Implementing Rules and Regulations of Republic Act No. 9184, with an Approved Budget of the One Hundred Forty One Thousand Nine Hundred Pesos Only One Hundred Forty One Thousand Nine Hundred Pesos Only   |  |  |
| Contract (ABC) in the amount of Php  | 141,900.00   |  |
| The state of the s |  |  |
| and the state of your duly authorized representative not later than  |  |  |
| below. Submit your quotation duty signed by  | through email at ba  | ac-secretariat@psa.gov.ph              |
|  | ,  | Idress at                              |
| For any clarification, you may contact us at telephone no. (02) 8374-8263 or email address at  |  |  |
| gsdprocurement.psa@gmail.com   |  | and Ou and the a                       |
| MINERVA ELOISA P. ESQUIVIAS  |  |  |
| MINERVA ELOISA P. ESQUIVIAS  |  |  |
|  |  | Chairperson, Bids and Awards Committee |
| TERMS AND CONDITIONS   |  |  |
| the second accurate information required in this form.   |  |  |
| B: white to must be valid for a period of thirty (30) calendar days from the date of submission.   |  |  |
| de la constitución de la Distingia de la Childe all taxes, duttes anulos teves payable.  |  |  |
| - Was the ADC shall be rejected  |  |  |
| to the lowest about he made to the lowest calculated and responsive bid (LCRB).  |  |  |
| the state of the s |  |  |
| Any interlineations, erasures or overwriting shall be valid only if they are signed of initiated by you or your residuest and employ "draw lots" as the tie-breaking method to finally detrmine the 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  |  |  |
| citate winning hidder in accordance with GPPB CIFCUIAT 00-2000.  |  |  |
|  |  |  |
| - a  |  |  |
| Order Clin and/or Billing Statement, by the supplier, our coronina.  |  |  |
| Payment shall be made after delivery and upon submission of the required supporting documents, i.e. Order ship and/or shill got and/or shill g |  |  |
|  |  |  |
|  |  |  |
| Liquidated damages equivalent to one tenth (1/10) of one percent (1%) of the value of the goods not delivered within the prosented percent (10%) of the amount of the contract, without prejudice to 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.   |  |  |
| 80 Aug 90  | Deadline   | Remarks                                |
| Documents to be submitted  |  |  |
|  |  |  |
| 76 - 1 - 4   |  | W. W                                   |
|  | not later than 2/13/24   | together with the quotation            |
| PhilGEPS Registration  | 111man   |  |
|  | at   |  |
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PSA Complex, East Avenue, Diliman, Quezon City, Philippines 1101 Telephone: (632) 8938-5267 www.psa.gov.ph

## REQUEST FOR QUOTATION PR No. 24-11-1244

Date:

After having carefully read and accepted the Terms and Conditions, I/We submit our quotation/s for the item/s as follows: Compliance with Total Technical Amount Specifications (pls. **Unit Price** Unit Quantity Item(s) and Specification(s), minimum (VAT check) Inclusive) Yes No Single Workstation Fabric with Glass Color: White/Charcoal Gray Aluminum End trims 4.68cm series Dimension: H120cm x L120cm x W60cm Workstation: 25mm Laminated MDF Color: Light Brown Fabric Color: Blue/Grommet: Left Office Mesh Chair Materials: Mesh back and seat rest chrome star base Dimension: 46w x48d x 91-100h cm Accessories: Gas lift for height adjustment caster wheel tilt and lock Color: Black Total amount in words: Signature: Printed name of the authorized representative: Position: Name of Company: Email address: \_ Address: Mobile No.: Tel. No.: Fax No.: