



REPUBLIC OF THE PHILIPPINES
PHILIPPINE STATISTICS AUTHORITY



REQUEST FOR QUOTATION

The **Philippine Statistics Authority (PSA)** through the Bids and Awards Committee (BAC), intends to procure **Meals for 5th CRVS Quiz Bee for LCRO's (27-28 February 2025)**

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 (ABC) in the amount of **78,500.00** *Seventy Eight Thousand Five Hundred 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**

FEB 03, 2025 at **11:00AM** through email at bac-secretariat@psa.gov.ph

For any clarification, you may contact us at telephone no. **(02) 8374-8263** or email address at gsdprocurement.psa@gmail.com

Minerva E. Esquivias
MINERVA ELOISA P. ESQUIVIAS
Chairperson, Bids and Awards Committee

TERMS AND CONDITIONS

- 1 Bidders shall provide correct and accurate information required in this form.
- 2 Price quotation/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 quotation which complies with the technical specifications, and other terms and conditions stated herein. This procurement project is to be awarded by lot.
- 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 determine 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).
- 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 2025 Mayor's/Business Permit and valid PhilGEPS Registration	not later than <u>2/3/25</u> at <u>11:00AM</u>	Together with the quotation.
Supporting Document/s to be submitted as may be applicable: a. For Sole Proprietorship: -If Owner-Notarized Omnibus Sworn Statement (OSS) -If Authorized representative- Notarized Special Power of Attorney and OSS. b. For Corporation: -Notarized Secretary's Certificate and OSS. c. Partnership: -If authorized representative- Notarized Special Power of Attorney and OSS.		Upon Acknowledgement of the Notice of Award



PSA Complex, East Avenue, Diliman, Quezon City, Philippines 1101
Telephone: (632) 8938-5267
www.psa.gov.ph

PR No. 25-01-0026

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

[illegible]

Printed name of the authorized representative:

Name of Company:

Signature: _____

Address:

Position:

Fax No.:

Tel. No.:

Email address: _____

Date:

Mobile No.: