

REQUEST FOR QUOTATION

procur	Α.	The Philippine Statistics Authority (PSA) thro	3rd Posting: Looseleaf Cover					
	111	be undertaken in accordance with	Section 52	.1(b) (Shopping)				
of the	2016	Revised Implementing Rules and Regulations	of Republic Act No. 9184, with an App	roved Budget of the				
		ABC) in the amount of Php 127,200.00	One Hundred Twenty-Seven	Thousand Two Hundred Pesos Only				
Contac	101 (11	Please quote your best offer for the item/s de	caribod berein subject to the Terms	and Conditions provided				
		Please quote your best offer for the item's de	ly authorized representative not later	than				
		omit your quotation duly signed by you or your du	through email at bac-secretariat@psa.	gov.ph				
ock	CH							
		For any clarification, you may contact us at tele	phone no. (02) 8374-8263 or email a	ddress at				
gsdpro	curer	ment.psa@gmail.com	of A.	Digitally signed by Ambatali Eliezer Paraiso				
			MINERVA	ELOISA P. ESQUIVIAS				
				Bids and Awards Committee				
			RMS AND CONDITIONS					
1	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.						
	Award of contract shall be made to the lowest calculated and responsive bid (LCRB). Any interlineations, erasures or overwriting shall be valid only if they are signed or initialed by you or your duly authorized represe							
	6	Any interlineations, erasures or overwriting shall be v	alid only if they are signed or initialed by you	d by you or your duly authorized representative.				
	7	finally determine the single winning hidder in accordant	ce with GPPB Circular 05-2005.	and employ "draw lots" as the tie-breaking method to				
	8	The item is chall be delivered according to the require	ments specified in the Purchase Request (PR).				
	9	i iii i i i i i i i i annuat and ar tact th	a goods to contirm their conformity to the 1	echnical opecinications.				
	10	Payment shall be made after delivery and upon subn	nt due to the identified bank of the supplier not					
	11	earlier than twenty four (24) hours, but not later than forty eight (48) hours, upon receipt of our advice. Please note that the corresponding ban 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 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

Copy of the 2025 Mayor's/Business Permit and valid

PhilGEPS Registration



PSA Complex, East Avenue, Diliman, Quezon City, Philippines 1101 Telephone: (632) 8938-5267

Remarks

together with the quotation

www.psa.gov.ph

not later than 3/17/25

at ILOOAN

REQUEST FOR QUOTATION PR No. 25-02-0123

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

After having carefully read and accepted the Terms and Condition Item(s) and Specification(s), minimum	Unit	Quantity	Unit Price	Total Amount (VAT Inclusive)	Compliance with Technical Specifications (pls. check)	
				morasive)	Yes	No
Looseleaf Cover	pcs	8000				
nade of chipboard, 21 1/2cm x 33cm						
x-x-x-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 address:					
Fax No. Tel No.			-			

Total amount in words				THE REAL PROPERTY AND PERSONS ASSESSED.	CONTRACTOR OF THE PERSON OF TH	
Printed name of the authorized re	epresentative.			Signature	-	
Name of Company			Position			
Address		A control of the second of the	Email address			inana .
Fax No.	Tel. No.	Mobile No.:				-