

## REQUEST FOR QUOTATION<sup>1</sup>

The Philippine Statistics Authority (PSA), through its Bids and Awards Committee, intends to procure Headset and Colour Printer which will 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 Approved Budget of the Contract (ABC) in the amount of Sixty Thousand Pesos (Php60, 000.00).

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 2021 at 11:00 A.M. through email at representative not later than bac-secretariat@psa.gov.ph and bacsecretariat.psa@gmail.com.

For any clarification, you may contact us at telephone no. (02) 8374-8283 or email address at gsdprocurement.psa@gmail.com AM Ingmi was

MINERVA ELOISA P. ESQUIVIAS Chairperson, Bids and Awards Committee

## TERMS AND CONDITIONS

1.

Bidders shall provide correct and accurate information required in this form.

Price quotation/s must be valid for a period of **thirty** (30) calendar days from the date of submission.

Price quotation/s, to be denominated in Philippine peso, shall include all taxes, duties, and/or levies payable. 3.

Quotations exceeding the Approved Budget for the Contract shall be rejected.

- Award of contract shall be made to the lowest quotation which complies with the technical specifications, and other terms and conditions stated herein.
- Any interlineations, erasures, or overwriting shall be valid only if they are signed or initialed by you or any of your duly authorized representative/s.
- In case of two or more bidders are determined to have submitted the Lowest Calculated Quotation/Lowest 7. Calculated and Responsive Quotation, the PSA shall adopt and employ "draw lots" as the tie-breaking method to finally determine the single winning provider in accordance with GPPB Circular 06-2005.
- The item/s shall be delivered according to the requirements specified in the Technical Specifications.
- The PSA shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
- 10. Payment shall be made after delivery and upon the submission of the required supporting documents, i.e, Order Slip and/or Billing statement, by the supplier. Our Government Servicing Bank, i.e, the Land Bank of the Philippines, shall credit the amount due to the identified bank account 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 of one percent (0.001) of the value of the goods not delivered within the prescribed delivery 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.

The following documents are likewise required to be submitted on the specified deadlines:

| Document                                 | Deadline                  | Remarks  |
|--|---------------------------|--|
| Copy of 2021 Mayor's or Business Permit  | Not later than n          | In case not yet available, you may submit your expired Business or Mayor's   |
| or Valid PhilGEPS Registration (Platinum | 2021 at 11100 APRIME      | permit with Official Receipt of renewal application, however, a copy of your |
| Membership)                              | (together with quotation) | 2021 Business and Mayor's Permit shall be required to be submitted after     |
| 10000                                    |                           | award of contract but before payment.  |
|  |                           |  |

<sup>1</sup> As of 02 October 2020



Request for Quotation PR No. 20-03-0297

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 specification(s)  Minimum   |     | Qty. | Unit Price | Total Amount (VAT inclusive) | Compliance with<br>Technical<br>Specifications<br>(pls. check) |        |   |   |
|---|-----|------|------------|------------------------------|--|--------|---|---|
|   |     |      |            | (vzvi moldovo)               | 14000 1400   | Yes No |   | 0 |
| Headset with Microphone (20 pcs)  | LOT | 1    | ₽          | ₱                            | (  | )      | ( | ) |
| <ul> <li>Must have standard 3.5mm jack connectivity combining mic and speaker</li> <li>Must have noise cancelling microphone</li> <li>Must have rotating microphone</li> <li>Must have soft foam ear cushions</li> <li>Must accommodate a standard frequency response audio spectrum range</li> </ul>   |     |      |            |                              |  |        |   |   |
| Must-function Business Inkjet Colour Printer (1unit)  |     |      |            |                              |  |        |   |   |
| <ul> <li>Must be able to print, scan, copy and fax</li> <li>Must have Print Method: PrecisionCore Print Head and Maximum Print Resolution of 4,800 x 1,200 dpi</li> <li>Spill-free, error free refilling</li> <li>Must have Automatic Duplex / Print speed up to Print speed up to 32ppm / 20ppm / Fax and ADF capability / Ethernet &amp; Wi-Fi Direct</li> <li>Must be able to support Windows XP/7/8/8.1/10</li> <li>Must be able accommodate printing on letter-, A3- and Legal-size paper</li> <li>Must be equipped with dual 250-sheets input trays</li> <li>Must have card lots (SD Card &amp; Memory Stick) and USB port for printing, scanning and saving faxes</li> <li>Must have the option of automatic two- sided printing</li> <li>Must have warranty coverage for to two years.</li> </ul> |     |      |            | Total amount in words:       |  |        |   |   |
| Printed Name of authorized representative/Signature  Position:  |     |      |            |                              | -  |        |   |   |

| Printed Name of author | rized representative/Sign | ature          |  |
|------------------------|---------------------------|----------------|--|
| Position:              |                           |                |  |
|                        |                           |                |  |
|                        |                           | Email Address: |  |
| Fax No                 | Tel No.:                  | Cellphone No   |  |
| Date:                  |                           |                |  |