

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

The Philippine Statistics Authority (PSA), through its Bids and Awards Committee, intends to procure Swab Antigen and Medical Service which will 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 Forty Thousand Five Hundred Pesos (Php40, 500.00).

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 representative not later than 30 March 2021 at 11:00 A.M. through email at 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

> MUngmilleri MINERVA ELOISA P. ESQUIVIAS Chairperson, Bids and Awards Committee

TERMS AND CONDITIONS
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 6 duly authorized representative/s.
- In case of two or more bidders are determined to have submitted the Lowest Calculated Quotation/Lowest 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		
		In case not yet available, you may submit your expired Business or Mayor's		
or Valid PhilGEPS Registration (Platinum		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		
		award of contract but before payment.		

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



www.psa.gov.ph

Request for Quotation PR No. 21-03-0368

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	Unit	Qty.	Unit Price	Total Amount (VAT inclusive)	Specif	ance with hnical ications check)
Swab Antigen and Medical Service	pax	27	₱	₽	( )	( )
Schedule: April 19, 2021 and April 25,2021						
				Total amount in words:		

Printed Name of autho	rized representative/Sign	ature	
Position:			
Name of Company			
Address:		Email Address:	
Fax No	Tel No.:	Cellphone No	
Date:			