



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

The **Philippine Statistics Authority (PSA)**, through its Bids and Awards Committee, intends to procure **Tripod** 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 **Five Thousand Pesos (Php5,000.00)**.

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 representative **not later than 06 MAY 2021 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 **bac-secretariat@psa.gov.ph**.

*Minerva E. Esquivias*  
**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.
- 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 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.
- 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.**
- 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 or Valid PhilGEPS Registration (Platinum Membership)	Not later than _____ 2021 at 11:00 A.M. (together with quotation)	In case not yet available, you may submit your expired Business or Mayor's Permit with Official Receipt of renewal application, however, a copy of your 2021 Business and Mayor's Permit shall be required to be submitted <b>after award of contract but before payment.</b>

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



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)	Compliance with Technical Specifications (pls. check)		
					Yes	No	
Tripod, Min Height, 770mm/30.3 in Max Height, 1700mm/66.9 in	unit	1	P_____	P_____	( )	( )	
							Total amount in words: _____
							_____
							_____
							_____

Printed Name of authorized representative/Signature \_\_\_\_\_

Position: \_\_\_\_\_

Name of Company \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Fax No. \_\_\_\_\_, Tel No.: \_\_\_\_\_ Cellphone No. \_\_\_\_\_

Date: \_\_\_\_\_