

REQUEST FOR QUOTATION

The Philippine Statistics Authority (PSA) through the Bids and Awards Committee (BAC), intends to											
procure											
which shall be undertaken in accordance with Shopping											
of the 201	6 Revised Implementing Rules and F	Regulations of Republic	ations of Republic Act No. 9184, with an Approved Budget of the								
_		Four Hundred Eighty Eight Pesos									
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											
at 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											
	AMengmiurs										
			MINERVA ELOISA P. ESQUIVIAS								
		(hairperson, Bids and Awards Committee								
TERMS AND CONDITIONS											
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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.										
5	Award of contract shall be made to the lowest calculated and responsive bid (LCRB). This procurement project is to be awarded by										
•	item.										
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 detrmine 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											
identified bank of the supplier not earlier than twenty four (24) hours, but not later than forty eight (48) hours											
11	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 (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 dan											
	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								
9707 97000		Not later than 10 9 NOV 202	In case not yet available, you may submit your expired Mayor's/Permit with Official								
Copy of the 2021 Mayor's/Business Permit or valid PhilGEPS Receipt of renewal application. However, a copy of your 2021 May											
i vogiou duori			Permit shall be required to be submitted after award of contract but before payment.								





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

www.psa.gov.ph

REQUEST FOR QUOTATION PR No. 21-09-1033

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

			TO GUIDITIIC	our quotation/o	ior the item/s as	IOIIOWS	•
It	tem(s) and Specification(s), minimum	Unit	Quantity	Unit Price	Total Amount (VAT Inclusive)	Compliance with Technical Specifications (pls. check)	
						Yes	No
BIN	IDING AND PUNCHING MACHINE	, Unit	1				
	binding cap: 50mm		See				
						-	
Total amount	in words:				_		
Printed name	of the authorized representative:				Signature:		
Name of Com		F	Position:				
Address:							
Fax No.:	Tel. No.:						
Date:			-				