

REQUEST FOR QUOTATION

	The Philippine Statistics Authority (P	SA) through the Ride and Awards Committee (RAC), intends to							
The Philippine Statistics Authority (PSA) through the Bids and Awards Committee (BAC), intends to procure Safety Shoes and Raincoat Rain Pants Suit									
	be undertaken in accordance with	Section 52.1 (Shopping)							
		ations of Republic Act No. 9184, with an Approved Budget of the							
Contract (ABC) in the amount of 73,750.00 _		Seventy Three Thousand Seven Hundred Fifty Pesos							
	Please quote your hest offer for the ite	m/s described herein, subject to the Terms and Conditions provided							
helow Sub		your duly authorized representative not later than							
	rember 2021 at 11:00 AM	through email at bac-secretariat@psa.gov.ph							
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	For any clarification, you may contact us	s at telephone no. (02) 8374-8263 or email address at							
gsdprocurer	ment.psa@gmail.com								
		AMG, gmicai							
		MINERVA ELOISA P. ESQUIVIAS							
		Chairperson, Bids and Awards Committee							
	Т	ERMS AND CONDITIONS							
1	Bidders shall provide correct and accurate info	ormation required in this form.							
2		thirty (30) calendar days from the date of submission.							
3	Price quotation/s, to be denominated in Philipp	pine peso, shall include all taxes, duties and/or levies payable.							
4	Quotations exceeding the ABC shall be rejected	ed.							
5	Award of contract shall be made to the lowest	calculated and responsive bid (LCRB).							
6	Any interlineations, erasures or overwriting sh	all be valid only if they are signed or initialed by you or your duly authorized representative.							
7		It to have submitted the LCRB, the PSA shall adopt and employ "draw lots" as the tie-breaking 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	r test the goods to confirm their conformity to the Technical Specifications.							

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Documents to be submitted	Deadline	Remarks
Copy of the 2021 Mayor's/Business Permit or valid PhilGEPS Registration	at 11:00 AM	In case not yet available, you may submit your expired Mayor's/Permit with Official Receipt of renewal application. However, a copy of your 2021 Mayor's/Business Permit shall be required to be submitted after award of contract but before payment.

percent (10%) of the amount of the contract, without prejudice to other courses of action and remedies open to it.



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PSA Complex, East Avenue, Diliman, Quezon City, Philippines 1101

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 the identified bank 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

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

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the corresponding bank transfer fee, if any, shall be chargeable to the account of the supplier.

REQUEST FOR QUOTATION PR No. 21-10-1232

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

After flaving carefully read and accepted the Terms and Con	ultions, ii v	VC SUDITIIL	our quotat	ionia for the iter	TITO GO TOTION	0.	
Item(s) and Specification(s), minimum		Quantity	Unit	Total Amount (VAT Inclusive)	Compliance with		
					Yes	No	
Safety Shoes		25					
Size 6 – 2							
Size 7 – 7							
Size 8 – 6							
Size 8.5 – 4							
Size 9.5 – 3							
Size 10 – 1							
Size 11.5 – 2							
Raincoat Rain Pants Suit	pcs	25					
Big Size - 16							
*Please submit sample							
		-					
Total amount in words:	•						
Printed name of the authorized representative:	Signature:						
Name of Company: Position:							
Address:				Email address:			
Fax No.: Tel. No.: Mobile No.:							
Date:							