

## REQUEST FOR QUOTATION

procure	e			Genuine Samsung	Toners	
which shall be undertaken in accordance with					Section 52.1 (b) (Shopping)	
of the 2	2016 Revised Imp	lementing Ru	les and Regula	tions of Republic Act	No. 9184, with an Approved Budget of the	
Contract (ABC) in the amount of 17			17,000.0	0	Seventeen Thousand Pesos Only	
	Please quote y	our <b>best offe</b>	r for the item/s	described herein, s	ubject to the Terms and Conditions provided	
below.					presentative not later than	
	1 6 NOV 2021	at	11: WAN	through email at	bac-secretariat@psa.gov.ph	
	For any clarific	ation, you ma	y contact us at	telephone no. (02) 83	374-8263 or email address at	
gsdprocurement.psa@gmail.com						
				С	MINERVA ELOISA P. ESQUIVIAS hairperson, Bids and Awards Committee	
			TER	RMS AND CONDITION		
1	Bidders shall provide correct and accurate information required in this form.					
2	Price quotattion/s must be valid for a period of <b>thirty (30) calendar days</b> 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 quotation which complies with the technical enceifications, and other terms are						
J	Award of contract shall be made to the lowest quotation which complies with the technical specifications, and other terms and conditions stated herein.  This procurement project is to be awarded by lot.					
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 of	The item/s shall be delivered according to the requirements specified in the Purchase Request (PR).				
9	The PSA shall have	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 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 the corresponding bank transfer fee, if any, shall be chargeable to the account of the supplier.					
11	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 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 4 6 MG	Remarks	
Copy of the 2021 Mayor's/Business Permit or valid PhilGEPS Registration			Not later that	IFO MI	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.	





PSA Complex, East Avenue, Diliman, Quezon City, Philippines 1101
Telephone: (632) 8938-5267
www.psa.gov.ph

## REQUEST FOR QUOTATION PR No. 21-10-1274

After having carefully read and accepted the Terms and Conditions, I/We submit our quotation/s for the item/s as follows: Compliance with Total Technical Unit Amount Quantity Item(s) and Specification(s), minimum Unit Specifications (pls. Price (VAT check) Inclusive) Yes No Genuine Samsung MLT-D119S, Black 2 Genuine Samsung, ML-D3470, Black cart 1 X-X-X-X-X-X-X-X-X-X Total amount in words: Printed name of the authorized representative: Signature: Position: Name of Company: Address: \_\_\_\_ Email address: \_\_\_\_ Mobile No.: Fax No.: Tel. No.: Date: