

REQUEST FOR QUOTATION

The Philippine Statistics Authority (PSA) through the Bids and Awards Committee (BAC), intends to											
procure		Copy and	d Book Paper								
which sha	all be undertaken in accordance with		Shopping								
of the 201	16 Revised Implementing Rules and R	egulations of Republic	Act No. 9184, with an Approved Budget of the								
Contract ((ABC) in the amount of 726,941.	.00 Seven Hundred	d Twenty-Six Thousand P								
Please quote your best offer for the item/s described herein , subject to the Terms and Conditions provided											
helow. Su	ubmit your quotation duly signed by you										
	Nov-21 at 11:00AN	and the same of th	bac-secretariat@psa.gov.ph								
		ict us at telephone no.	(02) 8374-8263 or email address at								
gsdprocure	ement.psa@gmail.com										
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		TERMS AND CO	NDITIONS								
1	Bidders shall provide correct and accurate										
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).										
6	Any interlineations, erasures or overwriting shall be valid only if they are signed or initialed by you or your duly authorized representative.										
7											
7			ne LCRB, the PSA shall adopt and employ "draw lots" as the tie-breaking								
8	method to finally detrmine the single winni The item/s shall be delivered according to										
9	The item/s shall be delivered according to the requirements specified in the Purchase Request (PR). 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,										
			e 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 ten	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 PS	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	Remarks								
Copy of the 2021 Mayor's/Business Permit or valid PhilGEPS		Not later than Nov-21	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								



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

together with the quotation

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shall be required to be submitted after award of contract but before payment.

In case not yet available, you may submit your 2020 ITR. However, a copy of your 2021

ITR shall be required to be submitted after award of contract but before payment.

www.psa.gov.ph

REQUEST FOR QUOTATION PR No. 21-10-1377

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

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Item(s) and S	Item(s) and Specification(s), minimum		Quantity	Unit Price	Total Amount (VAT Inclusive)	Compliance with Technical Specifications (pls. check)			
						Yes	No		
Copy Paper, 80gsm. A4		ream	2872		₱				
Book F	aper, 70gsm, A4	ream	2150	₱	₱				
		-							
		-		-					
		-					1		
This procurement	shall be awarded by line item								
This productions	onan pe arrandod by mile nom								
	4								
		-	-						
		-	-						
		-	-						
Total amount in words:									
	9 999				•				
Printed name of the authoriz	zed representative:				_Signature:				
Name of Company:					Position:				
Address:					Email address:				
Fax No.:	Tel. No.:		_Mobile No.:			_			
Date:									