

REQUEST FOR QUOTATION

The Philippine Statistics Authority (PSA) through the Bids and Awards Committee (BAC), intends to	
procure HDMI Cable	
which shall 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 110,500.00 One Hundred Ten Thousa	and Five Hundred Pesos Only
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	
18 NOV 2021 at (f.wom 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	
Mairperson, Bids a	ISA P. ESQUIVIAS and Awards Committee
TERMS AND CONDITION\$ 1. Bidders shall provide correct and accurate information required in this form.	
Bidders shall provide correct and accurate information required in this form. Price quotattion/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.	
4 Quotations exceeding the ABC 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. This procurement project is to be awarded by lot.	
Any interlineations, erasures or overwriting shall be valid only if they are signed or initialed by you or your duly	authorized representative.
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.	
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.	
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.	
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 1 8 NOV 2021	Remarks
Copy of the 2021 Mayor's/Business Permit or valid PhilGEPS Registration at Receipt of renewal application	u may submit your expired Mayor's/Permit with Official on. However, a copy of your 2021 Mayor's/Business Permit itted after award of contract but before payment.





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

together with the quotation

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PR No. 21-10-1388

Date:

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 Specifications (pls. Item(s) and Specification(s), minimum Unit Quantity Price (VAT check) Inclusive) Yes No HDMI Cable Specifications: Length: Male to Male 7.5m Cable Type: HDMI to HDMI 85 Connector A Gender: Male pcs. Connector A Type: HDMI Connector B Gender: Male Connector B Type: HDMI Shealth Colour: White X-X-X-X-X-X-X-X-X-X-X Total amount in words: Printed name of the authorized representative: Signature: Name of Company: Position: Address: ___Email address: ____ _____Tel. No.: Fax No.: Mobile No.: