

REQUEST FOR QUOTATION

The Philippine Statistics Authority (PSA) through the Bids and Awards Committee (BAC), intends to									
procure	procure Fax Machine								
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 (A	ABC) in the amount of 435,000.00 Four Hundred Thirty Five Thousand 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									
	g DEC 2021 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									
	Myngmikas								
	MINERVA ELOISA P. ESQUIVIAS								
	Chairperson, Bids and Awards Committee								
TERMS AND CONDITIONS									
1	Bidders shall provide correct and accurate information required in this form.								
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	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 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								
11	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								
1.1	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.								







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

www.psa.gov.ph

REQUEST FOR QUOTATION PR No. 21-10-1392

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 Specification(s), minimum	Unit	Quantity	Unit Price	Total Amount (VAT Inclusive)	Compliance with Technical Specifications (pls. check)		
					Yes	No	
Fax Machine		58					
Specifications:							
* Print Features							
- Air Print, Auto Duplex Printing, Print App, Google Cloud Print, Ms Mobile Print Moria Device Printing							
* Paper Capacity:							
- 250 Sheets							
* Copy Features:							
- Single Pass 2-sides Copying / ID card copying							
* Power Consumption (approximately):							
- 27.0 W Copying / 0.0W Stanby							
* Scan Features:							
- Single Pass - 2 sided Scanning, Puch Scan,							
Scan to memory (USB Flash Memory) Network							
Scan, Scan to Cloud, Scan to Concur, Scan to							
Network Folder							
Network i older							
		-					
	-						
		-					
Total amount in words:				-			
Printed name of the authorized representative:				Signature:			
Name of Company:				Position:			
Address:			Email address:				
Fax No.: Tel. No.: Mr		Mobile No.:					
Data		5		· ·			