

REQUEST FOR QUOTATION

The Philippine Statistics Authority (PSA) through the Bids and Awards Committee (BAC), intends to

procure Microphone							
which s	hall 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 12,500.00 Twelve Thousand Five Hundred 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							
	15 NOV 2021 at through email at <u>bac-secretariat@psa.gov.ph</u>						
For any clarification, you may contact us at telephone no. (02) 8374-8263 or email address at							
gsdprocu	urement.psa@gmail.com						
Mingminias							
	MINERVA ELOISA P. ESQUIVIAS						
	Chairperson, Bids and Awards Committee						
	TERMS AND CONDITIONS						
1							
2	Price quotattion/s must be valid for a period of thirty (30) calendar days from the late 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 specifications, and other terms and conditions stated herein. This procurement project is to be awarded by item.						
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 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						

Documents to be submitted		Deadline	15	MOI	Remarks
Copy of the 2021 Mayor's/Business Permit or valid PhilGEPS Registration	Not later than at together with the qu	IL W An			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

amount of the contract, without prejudice to other courses of action and remedies open to it.

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PR No. 21-10-1397

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 Item(s) and Specification(s), minimum Unit Quantity Specifications (pls. Price (VAT check) Inclusive) Yes Microphone 5 pcs Specifications: MIC Type: Handheld MIC Connectivity: UHF (Wireless) MIC 1: 710-719MHz MIC 2: 730-739 MHz High grade low noise microphone cable Adaptor Input: 100-240VAC 50/60Hz Output: 12V 500mA Digital Display: -On/Off -Change frequency key Receiver: -On/Off Button -AF RF indicator Antenna: 740-790MHz Total amount in words: Printed name of the authorized representative: _Signature: Name of Company: Position: Address: Email address: ___ Tel. No.: Mobile No.: Date: