

REQUEST FOR QUOTATION

	The Philippine Statistics Authority (PSA) through the Bids and Awards Committee (BAC), intends to								
procure	External DVD Reader								
which shall	ll be undertaken in accordance with	(sec. 52.1 (b)) Shopping							
of the 2016	6 Revised Implementing Rules and Regulations of Republic Act I	No. 9184, with an Approved Budget of the							
Contract (A	ABC) in the amount of 18,000.00	Eighteen Thousand Pesos							
	Please quote your best offer for the item/s described herein,	subject to the Terms and Conditions provided							
below. Sub	bmit your quotation duly signed by you or your duly authorized re								
	5 NOV 2021 at (I'w bh through email at bac-								
	For any clarification, you may contact us at telephone no. (02)	8374-8263 or email address at							
gsdprocuren	ment.psa@gmail.com								
		MUNGMINERVA BLOISA P. ESQUIVIAS							
	Ç	nairperson, Bids and Awards Committee							
	TERMS AND CONDI	TIONS							
1	Bidders shall provide correct and accurate information required in this for	rm.							
2	Price quotattion/s must be valid for a period of thirty (30) calendar days								
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). 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 delivered according to the requirements specified in								
9	The PSA shall have the right to inspect and/or test the goods to confirm								
10	Payment shall be made after delivery and upon submission of the require								
	by the supplier. Our Government Servicing Bank, Land Bank of the Phi								
	supplier not earlier than twenty four (24) hours, but not later than for								
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 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 co								
	Documents to be submitted Deadline	Remarks							

Documents to be submitted	Deadline	Remarks
Copy of the 2021 Mayor's/Business Permit or valid PhilGEPS Registration	at 11.10 be	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. 21-10-1400

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			Quantity	Unit Price	Total Amount (VAT Inclusive)	Compliance with Technical Specifications (pls. check)		
					Yes	No		
External DVD Reader		рс	9					
Specifications:								
Disc loading type:	Tray	-						
Mounting:	Horizontal							
Purpose:	Desktop/Notebook							
Optical drive type:	DVD±R/RW							
						_		
Interface:	USB 2.0. CD write speed: 24x							
DVD+R write speed:	8x							
CD rewrite speed:	16x					,		
CD Read speed:	24x CD-R read speed: 24x							
CD-RW read speed:	24x							
DVD drive average random access time: 160 ms								
CD-ROM drive average random access time: 140 ms								
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								
Total amount in words:					-			
Printed name of the authorized representative:					Signature:			
Name of Company: Position:								
ddress: Email address:								
Fax No.:	Tel. No.:Mobile No.:							
Date:								