

REQUEST FOR QUOTATION

The Philippine Statistics Authority (PSA) through the Bids and Awards Committee (BAC), intends to procure USB Wireless Network Adapter										
which shall be undertaken in accordance with (sec. 52.1 (b)) Shopping										
of the 2016 Revised Implementing Rules and Regulations of Republic Act No. 9184, with an Approved Budget of the										
	ABC) in the amount of 12,000.0		Twelve Thousand Pesos							
	Diagon such as a book offer for the									
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										
	1 0 DEC 2021 at 1:0pm	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										
			MAN A							
			MMCHOMINEN MINERVA ELOISA P. ESQUIVIAS							
			Ahairperson, Bids and Awards Committee							
		TERMS AND CO	NUITIONS							
1	Bidders shall provide correct and accurate i									
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	,		nsive bid (LCRB). This procument project is to awarded by lot.							
6			vare signed or initialed by you or your duly authorized representative.							
7			e LCRB, the PSA shall adopt and employ "draw lots" as the tie-breaking							
,	method to finally detrmine the single winnin									
8	The item/s shall be delivered according to the	•								
9			firm their conformity to the Technical Specifications.							
10			equired supporting documents, i.e. Order Slip and/or Billing Statement,							
, ,			e Philippines, shall credit the amount due to the identified bank of the							
			n 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			%) of the value of the goods not delivered within the prescribed period							
			act once the cumulative amount of liquidated damages reaches ten							
	percent (10%) of the amount of the contract	, without prejudice to oth	ner courses of action and remedies open to it.							
	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 1); ob son	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. 21-10-1408

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

Alter having carefully read and acc	optou the como and our			our quotat	1011110 101 1110 1101	1011011	<u> </u>
Item(s) and Specification(s), minimum		Unit	Quantity Unit Price Total Amount (VAT Inclusive)		Tecl Specifica ch	Compliance with Technical Specifications (pls. check) Yes No	
LIOD Mississa Naturals Adam			6			res	INO
USB Wireless Network Adapte	er	pcs	0				
Specifications:		-	-				
)!-						
	Basic						
Host Interface:	USB 2.0						
Product Type:	WI-FI Adapter	ļ					
Device Supported:	Desktop						
Computer/Notebook:							
Form Factor:	External						
Wireless Transmission Speed							
Wireless LAN Standard: IEEE 802.11ac							
ISM Band:	Yes						
UNII Band:	Yes						
Energy Star:	Yes						
Technical Infor							
Wireless Transmission Speed							
Wireless LAN Standard:	IEEE 802.11ac						
ISM Band:	Yes						
UNII Band:	Yes						
ISM Maximum Frequency: 2.40 GHz							
UNII Maximum Frequency: 5 GHz							
xxxxxxxxxxxxxx							
Total amount in words:					-		
Printed name of the authorized representative: Signature:							
Name of Company:	Position:						
Address:				Email addre	ess:		
Fax No.:	Tel. No.:		Mobile No.:				
Date:							