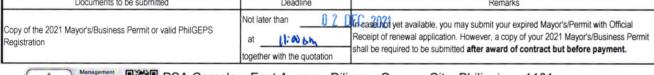


REQUEST FOR QUOTATION

	The Philippine Statistics Author	ority (PSA) through the E	Bids and Awards Committee (BAC), intends to				
procure		Vehicles Part	s and Accessories				
which sha	all be undertaken in accordance with	1	Section 52.1 (b) Shopping				
of the 201	16 Revised Implementing Rules and	Regulations of Republi	c Act No. 9184, with an Approved Budget of the				
Contract ((ABC) in the amount of 416,8	00.00 F	our Hundred Sixteen Thousand Eight Hundred Pesos				
	Please quote your best offer for	the item/s described h	erein, subject to the Terms and Conditions provided				
below. Su	ibmit your quotation duly signed by						
	DEC 2024		bac-secretariat@psa.gov.ph				
	For any clarification, you may co	ntact us at telephone no	(02) 8374-8263 or email address at				
gsdprocure	ement.psa@gmail.com	made ad at tolopholio ho	((2) 551 7 5255 57 57 Main additions at				
			MINERVA ELOISA P. ESQUIVIAS				
			Chairperson, Bids and Awards Committee				
		TERMS AND CO	DNDITIONS				
1	Bidders shall provide correct and accu	rate information required in t	his 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). To be awarded by Lot.						
6	Any interlineations, erasures or overw	riting shall be valid only if the	ey 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	by the supplier. Our Government Serv	icing Bank, Land Bank of th	required supporting documents, i.e. Order Slip and/or Billing Statement, ne Philippines, shall credit the amount due to the identified bank of the nan 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 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	Remarks				
Conv of the 20	021 Mayor's/Business Permit or valid PhilGEPS	Not later than 0 2	Incase not yet available, you may submit your expired Mayor's/Permit with Official				







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

www.psa.gov.ph

REQUEST FOR QUOTATION PR No. 21-11-1438

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

Item(s) and Specification(s), minimum	Sets 9 P P	Quantity	Unit Price	Total Amount (VAT Inclusive)	Compliance with Technical Specifications (pls. check)	
			,	Yes	No	
Vehicle Parts and Accessories	.					
Vrench #8 & #10	+					
Cross Tire Wrench	+					
Spare Tire with rim (185R14C 5studs)						
Spare Tire hook set (w/ Extension if applicable)	_					
Jack Stand, Metal Jack Stands (2pcs)						
Pressurize washer	_					
Tire Gauge	рс					
Toolbox	set	1				
Car Battery						
3SM (5pcs)						
* 2SM(2pcs)						
Portable Fire Extinguisher						
Dashboard Camera		8				
Car Emergency Kit Ergonomic Tool Box	pcs	36				
Tires						
195/60R15 (4pcs)						
* 185/R14C (2pcs)						
* 205/65/R15 (4pcs)		10				
Fotal amount in words:				-		
Printed name of the authorized representative:				Signature:		
Name of Company:		Position:				
Address:			Email address:			

Printed name of the authorize	d representative:	Signature:				
Name of Company:		Position:				
Address:		Email address:				
Fax No.:	Tel. No.:	Mobile No.:				
Date:						