

REQUEST FOR QUOTATION

	The Philippine Statistics Author	ity (PSA) through the F	Bids and Awards Committee (BAC), intends to							
procure Wrapping Paper (customized)										
which sha	all be undertaken in accordance with		Section 53.9 (Small Value Procurement)							
of the 201	16 Revised Implementing Rules and F	Regulations of Republi	c Act No. 9184, with an Approved Budget of the							
Contract	(ABC) in the amount of 25,000	0.00	Twenty Five Thousand Pesos							
	Please quote your best offer for the	ne item/s described h	erein, subject to the Terms and Conditions provided							
below. Su	ubmit your quotation duly signed by yo	ou or your duly authoriz	zed representative not later than							
	1 3 DEC 2021 at (1:06n	through email at	bac-secretariat@psa.gov.ph							
	For any clarification, you may cont	act us at telephone no	. (02) 8374-8263 or email address at							
gsdprocur	ement.psa@gmail.com									
	My manine o									
MINERVA ELOIGA P. ESQUIVIAS										
		1	Ghairperson, Bids and Awards Committee							
		TERMS AND CO								
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 6	Award of contract shall be made to the lowest calculated and responsive bid (LCRB).									
0	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,									
			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									
	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 cont	ract, without prejudice to o	ther courses of action and remedies open to it.							
	Documents to be submitted	Deadline 4 2	Remarks							
		Not later than	In case not yet available, you may submit your expired Mayor's/Permit with Official							
Copy of the 2021 Mayor's/Business Permit or valid PhilGEPS Registration		at 11:00 km	Receipt of renewal application. However, a copy of your 2021 Mayor's/Business Permit							





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

together with the quotation

shall be required to be submitted after award of contract but before payment.

www.psa.gov.ph

REQUEST FOR QUOTATION PR No. 21-11-1469A

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 Sp	Specification(s), minimum	Unit	Quantity	Unit Price	Total Amount (VAT Inclusive)	Compliance with Technical Specifications (pls. check)			
					moidsive)	Yes	No		
Wrapping Paper (customized)		pcs	500						
			-						
			-						
			-						
			-						
			-						
Total amount in words:					-				
Printed name of the authorized	representative:				Signature:				
Name of Company:					Position:				
Address:	ddress:					Email address:			
Fax No.:	Tel. No.:Mo								
Date:									