

## REQUEST FOR QUOTATION

The Philippine Statistics Authority (PSA) through the Bids and Awards Committee (BAC), intends to											
procure Wrapping Paper (customized)											
which shall	be undertaken in accordance with	Section 53.9 (Small Value Procurement)									
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 25,000.00 Twenty Five Thousand 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											
1 1 JAN 2022 at 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											
mgmm'ill as											
	MINGON'WAS MINERYA ELOISA P. ESQUIVIAS										
Chairperson, Bids and Awards Committee											
TERMS AND CONDITIONS											
1	Bidders shall provide correct and accurate	e information required in th	is 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).										
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										
11	the corresponding <b>bank transfer fee</b> , 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								
Copy of the 2021 Mayor's/Business Permit or valid PhilGEPS Registration		Not later than 1 1 JAN 20 at	To 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								
		together with the quotation	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. 21-11-1469A

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

,						MANAGER STATE STATES	100000		
Item(s) and S	Specification(s), minimum	Unit	Quantity	Unit Price	Total Amount (VAT Inclusive)	Compliance with Technical Specifications (pls. check)			
						Yes	No		
Wrapping Paper (customized)		200							
vviapping Paper (cu	stornized)	pcs							
Total amount in words:					-				
Printed name of the authoriz	ed representative:				Signature:				
Name of Company:					Position:				
Address:				Email addre	ss:				
Fax No.:	Tel. No.:		Mobile No.:						
Date:									