

## **REQUEST FOR QUOTATION**

|            | The Philippine Statistics Authority (PSA) throu   | ugh the Bids and Awards Committee (BAC), intends to   |  |  |  |  |  |
|------------|---|---|--|--|--|--|--|
| procure    |   | Electric Air Freshener  |  |  |  |  |  |
| which sha  | all be undertaken in accordance with  | Section 52.1 (Shopping)   |  |  |  |  |  |
| of the 201 | 16 Revised Implementing Rules and Regulations of  | Republic Act No. 9184, with an Approved Budget of the   |  |  |  |  |  |
| Contract   | (ABC) in the amount of <b>4,500.00</b>  | Four Thousand Five Hundred Pesos  |  |  |  |  |  |
|            | Please quote your best offer for the item/s desc  | cribed herein, subject to the Terms and Conditions provided   |  |  |  |  |  |
| below. Su  | ibmit your quotation duly signed by you or your duly  |   |  |  |  |  |  |
|            |   | email at bac-secretariat@psa.gov.ph   |  |  |  |  |  |
|            |   |   |  |  |  |  |  |
|            | For any clarification, you may contact us at telep  | hone no. (02) 8374-8263 or email address at   |  |  |  |  |  |
| gsdprocure | ement.psa@gmail.com   |   |  |  |  |  |  |
|            |   | MINERVA ELOISA P. ESQUIVIAS   |  |  |  |  |  |
|            |   | MINERVA ELOISA P. ESQUIVIAS   |  |  |  |  |  |
|            |   | Chairperson, Bids and Awards Committee  |  |  |  |  |  |
|            |   |   |  |  |  |  |  |
| 147        |   | AND CONDITIONS  |  |  |  |  |  |
| 1          | Bidders shall provide correct and accurate information re   |   |  |  |  |  |  |
| 2          | Price quotattion/s must be valid for a period of thirty (30)  |   |  |  |  |  |  |
| 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 so<br>method to finally detrmine the single winning bidder in ac                    | ubmitted the LCRB, the PSA shall adopt and employ "draw lots" as the tie-breaking cordance with GPPB Circular 06-2005.      |  |  |  |  |  |
| 8          | The item/s shall be delivered according to the requirement  | nts specified in the Purchase Request (PR).   |  |  |  |  |  |
| 9          | The PSA shall have the right to inspect and/or test the go  | pods to confirm their conformity to the Technical Specifications.   |  |  |  |  |  |
| 10         |   | on of the required supporting documents, i.e. Order Slip and/or Billing Statement,  |  |  |  |  |  |
|            |   | 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 cha<br>Liquidated damages equivalent to one tenth (1/10) of one             | argeable to the account of the supplier.  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 prein  | udice 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<br>Registration | at 11:00 AM | 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. 21-11-1496

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                     |                | Quantity | Unit<br>Price | Total Amount<br>(VAT<br>Inclusive) | Compliance with<br>Technical<br>Specifications (pls.<br>check) |    |  |  |
|---|----------------|----------|---------------|------------------------------------|--|----|--|--|
|   | box            |          |               |                                    | Yes  | No |  |  |
| Electric Air Freshener                                    |                | 3        |               |                                    |  |    |  |  |
| Specifications:   |                |          |               |                                    |  |    |  |  |
| Capacity:300ml, tabletop/portable                         |                |          |               |                                    |  |    |  |  |
| Features:water filter, air cleaner, air purifier          |                |          |               |                                    |  |    |  |  |
|   |                |          |               |                                    |  |    |  |  |
|   |                |          |               |                                    |  |    |  |  |
|   |                |          |               |                                    |  |    |  |  |
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|   |                |          |               |                                    |  |    |  |  |
|   |                |          |               |                                    |  |    |  |  |
|   |                |          |               |                                    |  |    |  |  |
|   |                |          |               |                                    |  |    |  |  |
| Total amount in words:                                    |                |          |               |                                    |  |    |  |  |
|   |                |          |               |                                    |  |    |  |  |
| Printed name of the authorized representative: Signature: |                |          |               |                                    |  |    |  |  |
| Name of Company:  | Position:      |          |               |                                    |  |    |  |  |
| Address:  | Email address: |          |               |                                    |  |    |  |  |
| Fax No.: Tel. No.:  |                |          |               |                                    |  |    |  |  |
| Date:   |                |          |               |                                    |  |    |  |  |