

REQUEST FOR QUOTATION

The Philippine Statistics	Authority (PSA) through	he Bids and Awards Com	mittee (BAC), intends to	
procure	Rapid A	ntigen Test (AGT)		
which shall be undertaken in accordance with		Section 53.9 (Small Value Procurement)		
of the 2016 Revised Implementing I	Rules and Regulations of F	epublic Act No. 9184, with	an Approved Budget of the	
Contract (ABC) in the amount of	28,800.00	Twenty Eight Thousand Eight Hundred Pesos Only		
Please quote your best o below. Submit your quotation duly s	igned by you or your duly a			
For any clarification, you	may contact us at telephon	no. (02) 8374-8263 or er	nail address at	
gsdprocurement.psa@gmail.com				

Chairperson, Bids and Awards Committee

TERMS AND CONDITIONS

- 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.
- Award of contract shall be made to the lowest quotation which complies with the technical specifications, and other terms and conditions stated herein. This procurement project is to be awarded by lot.
- 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 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	De	adline o F LAN	Remarks	
	Not later than	dia	U.L.L. n 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			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. 21-10-1434

After having carefully read and accepted the Terms and Conditions, I/We submit our quotation/s for the item/s as follows: Compliance with Total Technical Amount Unit Specifications (pls. Item(s) and Specification(s), minimum Unit Quantity Price (VAT check) Inclusive) No Yes 30 pax Rapid Antigen Test (AGT) *Requirements: 1. Must be willing to conduct the testing at PSA Office at 17/F Cyberpod 3 Bldg., Eton Centris, Brgy. Pinyahan. EDSA, Quezon City on 2 January 2022, 07:00AM-8:00AM; 2. Can release the real time accurate and credible result; and 3. To provide certification from DOH, permit to operate, medical practice license, etc. X-X-X-X-X-X-X-X-X-X-X-X Total amount in words: Printed name of the authorized representative: Signature: Position: Name of Company: Email address: ____ Address: Mobile No.: Tel. No.: Fax No.: Date