

REQUEST FOR QUOTATION

The Philippine Statistics Authority (PSA) through the Bids and Awards Committee (BAC), intends to											
procure											
which sha	Il be undertaken in accordance with		Section 52.1 (Shopping)								
of the 201	6 Revised Implementing Rules and F	Regulations of Republic	Act No. 9184, with an Approved Budget of the								
Contract (ABC) in the amount of 3,000	Three Thousand Pesos									
	Please quote your best offer for th	e item/s described he	rein subject to the Terms and Conditions provided								
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											
at U:WAM through email at bac-secretariat@psa.gov.ph											
		act us at telephone no.	(02) 8374-8263 or email address at								
gsdprocure	ment.psa@gmail.com										
			MM999 MIWENS MINERVA ELOISA P. ESQUIVIAS								
			MINERVA ELOISA P. ESQUIVIAS								
			Chairperson, Bids and Awards Committee								
TERMS AND CONDITIONS											
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	Award of contract shall be made to the lowest calculated and responsive bid (LCRB).										
6			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 shall be valid only in they are signed or initialized by you on your duty authorized representative.										
,	method to finally detrmine the single winning bidder in accordance with GPPB Circular 06-2005.										
8	The item/s shall be delivered according t										
9	The PSA shall have the right to inspect a	and/or test the goods to cor	firm 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,										
			e Philippines, shall credit the amount due to the identified bank of the								
11			an 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										
			ner courses of action and remedies open to it.								
	Documents to be submitted	Deadline									
	Documents to be submitted	Deadillie	Remarks								



Registration



Copy of the 2022 Mayor's/Business Permit or valid PhilGEPS



PSA Complex, East Avenue, Diliman, Quezon City, Philippines 1101 Telephone: (632) 8938-5267 www.psa.gov.ph

Not later than

11:00th

together with the quotation

In case not yet available, you may submit your expired Mayor's/Permit with Official

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

Receipt of renewal application. However, a copy of your 2022 Mayor's/Business Permit

REQUEST FOR QUOTATION PR No. 22-02-0106

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

The state of the s	read and decepted the Terms and Gol	Unit	Quantity	Unit Price	Total Amount (VAT Inclusive)	Compliance with		
Itam(s) and Sn	ecification(s), minimum					Technical Specifications (pls.		
item(s) and Sp	pecification(s), minimum					check)		
						Yes	No	
Steel Cabinet with Tw	in Door	рс	2				-	
With Lock								
With 4 adjustable shelves								
Color; cream								
Total amount in words:								
Printed name of the authorized	Signature:							
					Position:			
Address:		Email address:						
Fax No.:	Tel. No.:							
Date:								