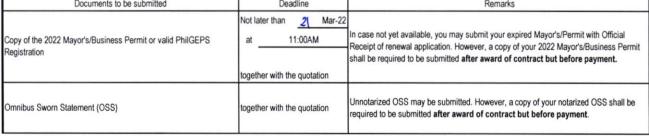


REQUEST FOR QUOTATION

		The Philippine Statistics Author	ority (PSA) through the E	Bids and Awards Committee (BAC), intends to						
procui	re	Appraisal Service for CRS Building								
		be undertaken in accordance wit		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 60,000			00.00	Sixty Thousand Pesos Only						
		Please quote your best offer for	the item/s described he	erein, subject to the Terms and Conditions provided						
below	. Subr	nit your quotation duly signed by	you or your duly authoriz	ed representative not later than						
2\	Ma	r-22 at 11:0	0AM through email at	bac-secretariat@psa.gov.ph						
		For any clarification, you may co	ntact us at telephone no.	(02) 8374-8263 or email address at						
gsdpro	ocuren	nent.psa@gmail.com								
				MINERVA EKOISA P. ESQUIVIAS						
				Chairperson, Bids and Awards Committee						
			TERMS AND CO	ONDITIONS						
1	this form.									
2	2	Price quotattion/s must be valid for a	ar days from the date of submission.							
3	3	Price quotation/s, to be denominated	in Philippine peso, shall incl	ude all taxes, duties and/or levies payable.						
4	4 Quotations exceeding the ABC shall be rejected.									
5	5	Award of contract shall be made to the	e ABC shall be rejected. be made to the lowest calculated and responsive bid (LCRB).	onsive bid (LCRB).						
6	6	Any interlineations, erasures or overwriting shall be valid only if they are signed or initialed by you or your duly authorized representative.								
7	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-								
				coordance with GPPB Circular 06-2005.						
	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.								
1	0	Payment shall be made after delivery and upon submission of the required supporting documents, i.e. Order Slip and/or Billing Stateme 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								
1	1	period shall be imposed per day of d	e tenth (1/10) of one percent elay. The PSA shall rescind to	able to the account of the supplier. (1%) of the value of the goods not delivered within the prescribed he contract once the cumulative amount of liquidated damages reaches to other courses of action and remedies open to it.						
		Documents to be submitted	Deadline	Remarks						
Copy of the 2022 Mayor's/Business Permit or valid PhilGEPS			Not later than 2 Mar-2 at 11:00AM	In case not yet available, you may submit your expired Mayor's/Permit with Official Receipt of renewal application. However, a copy of your 2022 Mayor's/Business Permit						





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



REQUEST FOR QUOTATION PR No. 22-03-0239

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	Unit	Quantity	Unit Price	Total Amount (VAT Inclusive)	Compliance with Technical Specifications (pls. check)	
					Yes	No
Appraiser of Civil Registry System (CRS) Building located at PSA Complex, East Ave., Quezon City re: Cost of the CRS Building	pax	1	₽	₽		
PhilGEPS registered						
Accredited by the Securities and Exchange Commission (SEC)						
Must have a certificate of satisfactory service from at least two clients for the last three years						
With on-going and/ or completed contract from government and/ or private institutions						
Expected output:						
Hard copy of the valuation report/ appraised report signed by the appraiser						
Total amount in words:						
Printed name of the authorized representative:		Signature:				
Name of Company:	_Position:	Position:				
Address:	Email address:					
Fax No.:Tel. No.:		_ Mobile No.	:			
Date:						