

## REQUEST FOR QUOTATION

The Philippine Statistics Authority (PSA) through the Bids and Awards Committee (BAC), intends to

procure		various O	mice Supplies					
which shall	be undertaken in accordance with		Shopping					
of the 2016	Revised Implementing Rules and Re	gulations of Republic A	Act No. 9184, with an Approved Budget of the					
Contract (A	ABC) in the amount of 89,195	5.23 Eighty Nine Th	housand One Hundred Ninety Five and 23/100 Pesos Only					
	Please quote your best offer for the	ne item/s described he	erein, subject to the Terms and Conditions provided					
below. Sub	omit your quotation duly signed by you	or your duly authorized	d representative <b>not later than</b>					
9.3	MAR 7022 at 11:00 sh	through email at	bac-secretariat@psa.gov.ph					
LJ	For any clarification, you may conta	act us at telephone no.	(02) 8374-8263 or email address at					
gsdprocurer	ment.psa@gmail.com							
			AMONGM' was					
			MINERVA ELOISA P. ESQUIVIAS					
			Chairperson, Bids and Awards Committee					
		TERMS AND CON	NOITIONS					
1	Bidders shall provide correct and accura	ate information required in	this form.					
2	Price quotattion/s must be valid for a pe		1					
3			ide all taxes, duties and/or levies payable.					
4	Quotations exceeding the ABC shall be rejected.							
5	Award of contract shall be made to the l	lowest calculated and resp	onsive bid (LCRB). To be awarded by lot.					
6			ey are signed or initialed by you or your duly authorized representative.					
7	In case of two or more bidders are deter	rmined to have submitted t	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							
9			onfirm their conformity to the Technical Specifications.					
10			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 identifier							
	bank of the supplier not earlier than twenty four (24) hours, but not later than forty eight (48) hours, upon receipt of our advice.							
11	Please note that the corresponding ban	k transfer fee, if any, shall	be chargeable to the account of the supplier.					
- 11	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 reached							
			to other courses of action and remedies open to it.					
	Documents to be submitted	Deadline	Remarks					
Copy of the 202	22 Mayor's/Business Permit or valid PhilGEPS	Not later than 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

together with the quotation

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

## REQUEST FOR QUOTATION PR No. 22-03-0261

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 C			Total	Compli	ance with
nem(e) and openingation(o), minimum	Quantity	Unit Price	Total Amount (VAT Inclusive)	Compliance with Technical Specifications (pls. check)	
Charally and the second				Yes	No
Glue, all purposes, gross weight 200 grams min. jar	204				
Ruler, plastic, 450mm piece	213				
File Organizer, expanding, plastic, 12 pockets pc.	213				
Pencil Sharpener, Manual, single cutter head piece	61				
Puncher, paper, Heavy Duty piece	87				
Eraser, plastic/rubber piece	343				
Certificate Holder, A4 piece	272				
Staple remover, plier-type piece	269				
Tape Dispencer, table top for 24mm width tape piece	78				
Total amount in words:					
Printed name of the authorized representative:			Signature:		
Name of Company:		Position:			
Address:	The state of the s				
	Email address:				
Date:	lobile No.:				

Total amount in words:							
Printed name of the authorized representative:				Signature:			
Name of Company:	Pc	Position:					
Address:		Er	mail addre	ess:			
Fax No.:	Tel. No.:	Mobile No.:					
Date:							