

## REQUEST FOR QUOTATION

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

|  | The Fillippine Statistics Addition  | ity (FSA) through the blus   | and Awards Committee (B/10), in                  | ionao to                         |  |  |
|--|---|--|--|----------------------------------|--|--|
| procure Various Genuine Brother Toners |   |  |  |                                  |  |  |
| which s                                | shall be undertaken in accordance wit   | th   | Section 52.1 (b) (Shoppin                        | g)                               |  |  |
| of the 2                               | 2016 Revised Implementing Rules and   | d Regulations of Republic  | Act No. 9184, with an Approved B                 | udget of the                     |  |  |
| Contrac                                | ct (ABC) in the amount of   | 300,590.00 Thre  | e Hundred Thousand Five Hundre                   | ed Ninety Pesos Only             |  |  |
|  |   | 27   |  |                                  |  |  |
|  | Please quote your best offer for the  | ne item/s described herei  | n, subject to the Terms and Condi                | itions provided                  |  |  |
| below.                                 | Submit your quotation duly signed by  | you or your duly authorize   | d representative not later than                  |                                  |  |  |
| 06 6                                   | APR IL 2011 at  | through email  | at <u>bac-secretariat@psa.gov.ph</u>             | and                              |  |  |
| bacsecre                               | etariat.psa@gmail.com.  |  |  |                                  |  |  |
|  |   |  | N 00-1 0000                                      |                                  |  |  |
|  | For any clarification, you may cont   | tact us at telephone no. (02   | .) 8374-8263 or email address at                 |                                  |  |  |
| gsdproc                                | curement.psa@gmail.com  |  |  |                                  |  |  |
|  |   |  | my oning as                                      |                                  |  |  |
|  |   |  | MM gmiller                                       | QUIVIAS                          |  |  |
|  |   |  | Chairperson, Bids and Award                      | s Committee                      |  |  |
|  |   | TERMS AND CONDI  | TIONS  |                                  |  |  |
| 1                                      | Bidders shall provide correct and accurate information required in this form.   |  |  |                                  |  |  |
| 2                                      | Price quotattion/s must be valid for a period of <b>thirty (30) calendar days</b> from the date of submission.  |  |  |                                  |  |  |
| 3                                      | Price quotation/s, to be denominated in Philippine peso, shall include all taxes, duties and/or levies payable.  Quotations exceeding the ABC shall be rejected.  |  |  |                                  |  |  |
| 5                                      | Award of contract shall be made to the lowest quotation which complies with the technical specifications, and other terms and conditions stated herein. This  |  |  |                                  |  |  |
|  | Award of contract shall be made to the lowest quotation which compiles 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 sh   | nall be valid only if they are signed o                                    | r initialed by you or your duly authorized repre | esentative.                      |  |  |
| 7                                      | In case of two or more bidders are determined detrmine the single winning bidder in accorda   |  | SA shall adopt and employ "draw lots" as the     | e tie-breaking method to finally |  |  |
| 8                                      | The item/s shall be delivered according to the  | requirements specified in the Purcl  | nase Request (PR).                               |                                  |  |  |
| 9                                      | The PSA shall have the right to inspect and/or  | r test the goods to confirm their con                                      | formity to the Technical Specifications.         |                                  |  |  |
| 10                                     | Payment shall be made after delivery and upo<br>Our Government Servicing Bank, Land Bank<br>four (24) hours, but not later than forty eig<br>be chargeable to the account of the supplier.                | c of the Philippines, shall credit the ght (48) hours, upon receipt of our | amount due to the identified bank of the supp    | plier not earlier than twenty    |  |  |
| 11                                     | Liquidated damages equivalent to one tenth (<br>per day of delay. The PSA shall rescind the or<br>contract, without prejudice to other courses of   | contract once the cumulative amount  |  |                                  |  |  |

| Documents to be submitted  | Deadline          | Remarks   |
|--|-------------------|---|
| Copy of the 2022 Mayor's/Business Permit and valid PhilGEPS Registration | Not later than at | - 2622 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 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. 22-03-0267

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

| 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<br>Price  | Total<br>Amount<br>(VAT<br>Inclusive) | Technical : | iance with<br>Specifications<br>check) |
|  |                     |            | inclusive)     | Yes                                   | No          |  |
| Various Ink/Toner  | lot                 | 1          |                |                                       |             |  |
| Genuine Brother DR2255 Toner (1 cart)  |                     |            |                |                                       |             |  |
| Genuine Brother DCP 70650 DN (3 cart)  |                     |            |                |                                       |             |  |
| Genuine Brother TN-2480 Black (46 cart)  |                     |            |                |                                       |             |  |
| Genuine Brother LC3619XL BK (5 cart)   |                     |            |                |                                       |             |  |
| Genuine Ink cartridge for Brother Printer Model MFC-J2330DW 4 (4 set)          |                     |            |                |                                       |             |  |
| Genuine Brother TN2150 (5 cart)  |                     |            |                |                                       |             |  |
| Genuine Brother LC-3617 Black (6 cart)   |                     |            |                |                                       |             |  |
| Genuine Brother LC-3167 Cyan (4 cart)  |                     |            |                |                                       |             |  |
| Genuine Brother LC-3617 Yellow (4 cart)  |                     |            |                |                                       |             |  |
| Genuine Brother LC-3617 Magenta (4 cart)                                       |                     |            |                |                                       |             |  |
| Genuine Brother LC3619XL Cyan (2 cart)   |                     |            |                |                                       |             |  |
| Genuine Brother LC3619XL Yellow (2 cart)                                       |                     |            |                |                                       |             |  |
| Genuine Brother LC3619XL Magenta (2 cart)                                      |                     |            |                |                                       |             |  |
| x-x-x-x-x-x-x-x-x-x  |                     |            |                |                                       |             |  |
| A-A-A-A-A-A-A-A-A-A-A-A-A  |                     |            |                |                                       |             |  |
|  |                     |            |                |                                       |             |  |
|  |                     | -          |                |                                       | -           |  |
| , tot.w  |                     |            |                | -                                     | +           |  |
| ( 00. 00   |                     |            |                |                                       |             |  |
| Total amount in words:   | •                   |            |                |                                       | 2           |  |
| Printed name of the authorized representative:                                 |                     |            |                | Signature:                            |             |  |
| Name of Company:   |                     |            | Position:      |                                       |             |  |
| Address:   |                     |            | Email address: |                                       |             |  |
| Fax No.: Tel. No.:   |                     | Mobile No. |                |                                       |             |  |
| Date:  |                     |            |                |                                       |             |  |

| Printed name of the authorized representative: |           | Signature  |                |  |
|--|-----------|------------|----------------|--|
| Name of Company:                               |           |            | Position:      |  |
| Address:                                       |           |            | Email address: |  |
| Fax No.:                                       | Tel. No.: | Mobile No. | <u> </u>       |  |
|  |           |            |                |  |