

REPUBLIC OF THE PHILIPPINES <u>PHILIPPINE STATISTICS AUTHORITY</u>

REQUEST FOR QUOTATION

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

procure	Various Genuine Brother Toners
which s	shall be undertaken in accordance with Section 52.1 (b) (Shopping)
of the 2	2016 Revised Implementing Rules and Regulations of Republic Act No. 9184, with an Approved Budget of the
Contra	ct (ABC) in the amount of 300,590.00 <i>Three Hundred Thousand Five Hundred Ninety Pesos Only</i>
	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
2	7 MAR 2022 at [Coss through email at bac-secretariat@psa.gov.ph and
bacsecre	etariat.psa@gmail.com.
	For any clarification, you may contact us at telephone no. (02) 8374-8263 or email address at
gsdproc	surement.psa@gmail.com
	masquinas
	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 5	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 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.
11	invidated 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

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	Deadline	Remarks
Copy of the 2022 Mayor's/Business Permit and valid PhilGEPS Registration	at 1120 km	2022 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

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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:

Image: Control of the second	ecifications heck)	Complian Technical Sp (pls. ch		Total Amount (VAT Inclusive)	Unit Price	Quantity	Unit	After having carefully read and accepted the Terms and Conditions, I/We submit Item(s) and Specification(s), minimum
Genuine Brother DCP 70650 DN cart 3	No	Yes	+					
Genuine Brother TN-2480 Black cart 46			+			1	cart	Genuine Brother DR2255 Toner
Genuine Brother LC3619XL BK cart 5 <td< td=""><td></td><td></td><td></td><td></td><td></td><td>3</td><td>cart</td><td>Genuine Brother DCP 70650 DN</td></td<>						3	cart	Genuine Brother DCP 70650 DN
Genuine Brother LC3617X ERK Image: Serie of the se						46	cart	Genuine Brother TN-2480 Black
Genuine Brother TN2150 cart 5						5	cart	Genuine Brother LC3619XL BK
Genuine Brother LC-3617 Black cart 6 Genuine Brother LC-3167 Cyan cart 4 Genuine Brother LC-3617 Yellow cart 4 Genuine Brother LC-3617 Magenta cart 4						4	set	Genuine Ink cartridge for Brother Printer Model MFC-J2330DW 4
Genuine Brother LC-3167 Cyan cart 4 <t< td=""><td></td><td></td><td></td><td></td><td></td><td>5</td><td>cart</td><td>Genuine Brother TN2150</td></t<>						5	cart	Genuine Brother TN2150
Genuine Brother LC-3617 Yellow cart 4						6	cart	Genuine Brother LC-3617 Black
Genuine Brother LC-3617 Magenta cart 4 Genuine Brother LC3619XL Cyan cart 2 Genuine Brother LC3619XL Yellow cart 2 Genuine Brother LC3619XL Yellow cart 2 Genuine Brother LC3619XL Magenta cart 2 X-X-X-X-X-X-X-X-X-X-X-X-X X-X-X-X-X-X-X-X-X-X-X-X-X						4	cart	Genuine Brother LC-3167 Cyan
Genuine Brother LC3619XL Cyan cart 2						4	cart	Genuine Brother LC-3617 Yellow
Genuine Brother LC3619XL Yellow cart 2 Genuine Brother LC3619XL Magenta cart 2 X-X-X-X-X-X-X-X-X-X Image: Cart 1 X-X-X-X-X-X-X-X-X-X Image: Cart 1 Image: Cart Image: Cart 1						4	cart	Genuine Brother LC-3617 Magenta
Genuine Brother LC3619XL Magenta						2	cart	Genuine Brother LC3619XL Cyan
						2	cart	Genuine Brother LC3619XL Yellow
Total amount in words:						2	cart	Genuine Brother LC3619XL Magenta
Total amount in words:			-					x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-
Total amount in words:			_					
Total amount in words:								
Total amount in words:								
Total amount in words:			\rightarrow					1 st of
		++	+					
Printed name of the authorized representative.				Signature				
Nome of Company: Position:					Desition:			
Name of Company.					-			
						Mahila Ma		
Fax No.:Tel. No.:Mobile No.:						Mobile No.		Fax No.:Tel. No.: