

## REQUEST FOR QUOTATION

| The Philippine Statistics Authority (PSA) through the Bids and Awards Committee (BAC), intends to procure  Half Crates with Trolley  |  |   |   |                                       |  |  |  |  |  |  |  |
|--|--|---|---|---------------------------------------|--|--|--|--|--|--|--|
| •  | all be undertaken in accordance  |   | Section 53.9 (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 Php 129,600.00 One Hundred Twenty Nine Thousand Six Hundred Pesos  |  |   |   |                                       |  |  |  |  |  |  |  |
|  |  |   |   |                                       |  |  |  |  |  |  |  |
| Please quote your <b>best offer</b> for the <b>item/s described herein</b> , subject to the Terms and Conditions provided below. Submit your quotation duly signed by you or your duly authorized representative <b>not later than</b> |  |   |   |                                       |  |  |  |  |  |  |  |
| Private that all the substantial duly signed by you or your duly authorized representative not later than through email at bac-secretariat@psa.gov.ph and bacsecretariat.psa@gmail.cc  |  |   |   |                                       |  |  |  |  |  |  |  |
|  | KIL TOTT OIL   | TI.00 AIN   | at bac-secretariat@psa.gov.pii and  | Dacsecretariat.psa@gman.co            |  |  |  |  |  |  |  |
| For any clarification, you may contact us at telephone no. (02) 8374-8263 or email address at  |  |   |   |                                       |  |  |  |  |  |  |  |
| gsdprocurement.psa@gmail.com   |  |   |   |                                       |  |  |  |  |  |  |  |
| MINGROUS P. ESQUIVIAS  |  |   |   |                                       |  |  |  |  |  |  |  |
|  |  |   | MINERVA ELOISA P. E   | SQUIVIAS                              |  |  |  |  |  |  |  |
|  |  |   | Chairperson, Bids and Awar  |                                       |  |  |  |  |  |  |  |
|  |  | TERMS AND COM   | IDITIONS  |                                       |  |  |  |  |  |  |  |
| 1  | Bidders shall provide correct and  | accurate information required in this for   |   |                                       |  |  |  |  |  |  |  |
| 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.  |   |   |                                       |  |  |  |  |  |  |  |
| 4  | Quotations exceeding the ABC shall be rejected.  |   |   |                                       |  |  |  |  |  |  |  |
| 5  | Award of contract shall be made to the lowest calculated and responsive bid (LCRB).  |   |   |                                       |  |  |  |  |  |  |  |
| 6  | Any interlineations, erasures or overwriting shall be valid only if they are signed or initialed by you or your duly authorized representative.  |   |   |                                       |  |  |  |  |  |  |  |
| 7  |  |   | RB, the PSA shall adopt and employ "dra   |                                       |  |  |  |  |  |  |  |
| t.   |  |   |   | W 10th do the de broaking             |  |  |  |  |  |  |  |
| 8  | method to finally detrmine the single winning bidder in accordance with GPPB Circular 06-2005.  The item/s shall be delivered according to the requirements specified in the Purchase Request (PR).                              |   |   |                                       |  |  |  |  |  |  |  |
| 9  |  |   | their conformity to the Technical Specific  | ations.                               |  |  |  |  |  |  |  |
| 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 |   |                                       |  |  |  |  |  |  |  |
|  |  | es, shall credit the amount due to the ider   |   |                                       |  |  |  |  |  |  |  |
|  | earlier than twenty four (24) hours, but not later than forty eight (48) hours, upon receipt of our advice. Please note that the corresponding   |   |   |                                       |  |  |  |  |  |  |  |
| 11   | 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 |   |   |                                       |  |  |  |  |  |  |  |
| - 11   | be imposed per day of delay. The PSA shall rescind the contract once the cumulative amount of liquidated damages reaches ten percent (10%)   |   |   |                                       |  |  |  |  |  |  |  |
|  |  | nout prejudice to other courses of action   |   |                                       |  |  |  |  |  |  |  |
|  | Documents to be submitted  | Deadline  | Remark  | s                                     |  |  |  |  |  |  |  |
|  |  | Not later than 4/7/2022   |   |                                       |  |  |  |  |  |  |  |
| Copy of the 2022 Mayor's/Business Permit or valid<br>PhilGEPS Registration   |  | at 11:00 AM   | In case not yet available, you may submit your of Receipt of renewal application. However, a copy   | · ·                                   |  |  |  |  |  |  |  |
|  |  | together with the quotation   | shall be required to be submitted after award of contract but before payment.   |                                       |  |  |  |  |  |  |  |
|  |  |   | Unnotarized OSS may be submitted. However.  | a copy of your notarized OSS shall be |  |  |  |  |  |  |  |
| Omnibus Sworn Statement (OSS)  |  | together with the quotation   | Unnotarized OSS may be submitted. However, a copy of your notarized OSS 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. 22-03-0357

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

| Alter having carefully rec  | a and accepted the Terme and Condition  | 0, 11110 00 | ioiiiii oai q | 0.010.0.0.    |                                       |   |    |  |
|---|---|-------------|---------------|---------------|---------------------------------------|---|----|--|
| Item(s) and   | Item(s) and Specification(s), minimum   |             | Quantity      | Unit<br>Price | Total<br>Amount<br>(VAT<br>Inclusive) | Compliance with Technical Specifications (pls. check) |    |  |
|   |   |             |               |               |                                       | Yes   | No |  |
| Half Crates with Trolley  |   | pcs         | 324           |               |                                       |   |    |  |
| 120mm (width), 150 t<br>-Heavy duty plastic<br>-Durable grip<br>-Stackable<br>-With 22 pcs of custo<br>commensurate to the<br>(heavy duty, rubber s | e of 440 to 450mm (length), 110 to to 180mm (height)  m-fitted pallet trolleys measurement of the half crate wivel castor wheels, with wheel ckable height of 7 crates) |             |               |               |                                       |   |    |  |
|   |   |             |               |               |                                       |   |    |  |
|   |   |             |               |               |                                       |   |    |  |
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|   |   |             |               |               |                                       |   |    |  |
|   |   |             |               |               |                                       |   |    |  |
| Total amount in words:  |   |             |               |               |                                       |   |    |  |
| Printed name of the authorize   | ed representative:  |             |               |               | Signature:                            |   |    |  |
| Name of Company: Position:  |   |             |               |               |                                       |   |    |  |
| Address:  |   |             |               |               | Email address:                        |   |    |  |
| Fax No.:  | No.: Tel. No.: Mobile No.   |             |               |               |                                       |   |    |  |
| Date:   |   |             |               | 100           |                                       |   |    |  |