

REQUEST FOR QUOTATION

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

procure		Office Supplies								
which shall be undertaken in accordance with		Shopping 52.1 (b) (Shopping)								
of the 2016 Revised Implementing Rules and Regulations of Republic Act No. 9184, with an Approved Budget of the Four Hunred Seventy Three Thousand Nine Hundred Fiftee										
Contract (ABC) in the amount of 473,915.19		Pesos and 19/100								
	Please quote your best offer for the item/s desc	cribed herein, subject to the Terms and Conditions provided								
below. S	Submit your quotation duly signed by you or your de	uly authorized representative not later than								
APR	2 1 2022 at 11:00Am t	hrough email at <u>bac-secretariat@psa.gov.ph</u> and								
bacsecret	tariat.psa@gmail.com.									
	For any clarification, you may contact us at telep	hone no. (02) 8374-8263 or email address at								
gsdprocu	urement.psa@gmail.com									
		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	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 spe									
9	The PSA shall have the right to inspect and/or test the goods to	confirm their conformity to the Technical Specifications.								
10	Our Government Servicing Bank, Land Bank of the Philippine	ne required supporting documents, i.e. Order Slip and/or Billing Statement, by the supplier. s, shall credit the amount due to the identified bank of the supplier not earlier than twenty on receipt of our advice. Please note that the corresponding bank transfer fee, if any, shall								
11	Liquidated damages equivalent to one tenth (1/10) of one perce imposed per day of delay. The PSA shall rescind the contract or of the contract, without prejudice to other courses of action and	Int (1%) of the value of the goods not delivered within the prescribed period shall be not the cumulative amount of liquidated damages reaches ten percent (10%) of the amount remedies open to it.								

D	Deadline	Remarks			
Documents to be submitted					
Copy of the 2022 Mayor's/Business Permit and valid PhilGEPS Registration	at	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.			



Menagement System ISO 9001:2015

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

REQUEST FOR QUOTATION PR No. 22-03-0444

fter having carefully read and accepted the Terms and Conditions, IA Item(s) and Specification(s), minimum	Unit	Quantity	Unit Price	Total Amount (VAT Inclusive)	Compliance with Technical Specifications (pls. check)	
				Inclusive)	Yes	No
llcohol, Ethl (500ml) 68%-72%	bottle	4579				
ace shield, direct splash protection	piece	938				
ace Mask, KF94, pack of 10s	pack	15				
alcohol, Isopropyl (500ml) 68%-72%	bottle	248				
(N95 Face Mask (10 pcs. Per pack)	pack	619				
Face Mask, 3-ply	piece	100900				
x-x-x-x-x-x-x-x		-				-
		-				
Total amount in words:	Signature:					
Printed name of the authorized representative: Name of Company:	Position:					
Address:	Email address:					
Fax No.: Tel. No.:						