

## REQUEST FOR QUOTATION

procure				d Awards Committee (BAC), inter PVC cards, Color Ribbon & Lar			
which sha	Il be undertaken in accordance	ce with		Section 52.1 (Shopp	ping)		
of the 201	6 Revised Implementing Rule	s and Regulations of Re	public Act N	lo. 9184, with an Approved Budge	et of the		
Contract (	ABC By Line Item) in the am	ount of Php 395,0	00.00	Three Hundred Ninety	Five Thousand Pesos		
8 5 AL				subject to the Terms and Condition	ons provided		
	bmit your quotation duly signe						
13	June 2022 at	11:00 AM throu	igh email at	bac-secretariat@psa.gov.ph and	bacsecretariat.psa@gmail.com		
	For any clarification, you m	ay contact us at telephor	ne no. (02) 8	374-8263 or email address at			
gsdprocure	ment.psa@gmail.com	Town Control to the Control of the C	******				
		*		MINERVA ELOISA F			
				Chairperson, Bids and A	wards Committee		
		TERMS	S AND CO	NDITIONS			
1	Bidders shall provide correct an	d accurate information requi	red in this form	n.			
2	Price quotattion/s must be valid	for a period of thirty (30) ca	ilendar days f	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) by line item.						
6	Any interlineations, erasures or	overwriting shall be valid on	ly if they are s	igned or initialed by you or your duly at	uthorized 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 as						
9	The PSA shall have the right to	inspect and/or test the good	s to confirm th	eir conformity to the Technical Specific	cations.		
10	supplier. Our Government Serv	icing Bank, Land Bank of th out not later than forty eigh	e Philippines nt (48) hours,		and/or Billing Statement, by the entified bank of the supplier <b>not earlier</b> e that the corresponding <b>bank transfer</b>		
11	Liquidated damages equivalent	to one tenth (1/10) of one per PSA shall rescind the contract	ercent (1%) of ct once the cu	the value of the goods not delivered w mulative amount of liquidated damage: medies open to it.			
	Documents to be submitted	Deadline		Re	marks		
		Not later than	<b>3</b> June 2022	in case not vet available, you may submit your	expired Mayor's/Permit with Official Receipt of		
Copy of the 2022 Mayor's/Business Permit or valid PhilGEPS Registration		at	11:00 AM	renewal application. However, a copy of your 2	022 Mayor's/Business Permit shall be required to		
		together with the quotation		be submitted after award of contract but before	ore payment.		
ACC	Management DCA C	'ampley East Avenue	Dilimon	Ouezen City Philippines 11	24		

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

RECEIVED GSD Procurement

Date:

Time: 2'WD

REQUEST FOR QUOTATION PR No. 22-03-0545

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

ABC by Line Item	Unit	Quantity	Unit Price Total Amount (VAT Inclusive)  Total Amount (VAT Inclusive)  Technical Specifications (pls check)  Yes No	Amount (VAT	Technical Specifications (pls.	
				No		
105,000.00	box	10				
110,000.00	pcs	10				
18,000.00	box	12				
54,000.00	roll	3				
90,000.00	pcs	12				
18,000.00	box	12				
arded by line item						
Total amount in words:						
	110,000.00 18,000.00 54,000.00 90,000.00	110,000.00 pcs  18,000.00 box  54,000.00 roll  90,000.00 pcs  18,000.00 box	110,000.00 pcs 10  18,000.00 box 12  54,000.00 roll 3  90,000.00 pcs 12  18,000.00 box 12	110,000.00 pcs 10  18,000.00 box 12  54,000.00 roll 3  90,000.00 pcs 12  18,000.00 box 12	105,000.00 box 10  110,000.00 pcs 10  18,000.00 box 12  54,000.00 roll 3  90,000.00 pcs 12  18,000.00 box 12	105,000.00 box 10  110,000.00 pcs 10  18,000.00 box 12  54,000.00 pcs 12  18,000.00 box 12  18,000.00 box 12

Printed name of	the authorized representative:	Signature:	_
Name of Compa	ny:	Position:	
Address:		Email address:	
Fax No.:	Tel. No.:	Mobile No.:	_
Date:			