

## REQUEST FOR QUOTATION

The Philippine Statistics Authority (PSA) through the Bids and Awards Committee (BAC), intends to										
procure			ress Stub							
	all be undertaken in accordance		Section 52.1 (Shopping)							
			No. 9184, with an Approved Budget of the							
Contract	(ABC) in the amount of Php	72,000.00	Seventy Two Thousand Pesos							
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										
	9 4 MAY 2022 at		t bac-secretariat@psa.gov.ph and bacsecretariat.psa@gmail.com							
For any clarification, you may contact us at telephone no. (02) 8374-8263 or email address at										
gsdprocurement.psa@gmail.com										
MINERVA FLOISA P. ESQUIVIAS										
			Chairperson, Bids and Awards Committee							
		TERMS AND CO	DNDITIONS							
1		d accurate information required in this for								
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 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		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 accr	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								
			es, shall credit the amount due to the identified bank of the supplier not earlier							
	transfer foe if any shall be char	rgeable to the account of the supplier.	s, upon receipt of our advice. Please note that the corresponding bank							
11	Liquidated damages equivalent to	o one tenth (1/10) of one percent (1%) r	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									
Mary	amount of the contract, without pre-	rejudice to other courses of action and r	remedies open to it.							
	Documents to be submitted	Deadline	Remarks							
		Not later than	ZUZZ In case not yet available, you may submit your expired Mayor's/Permit with Official Receipt of							
Copy of the 20 PhilGEPS Reg	2022 Mayor's/Business Permit or valid egistration	at 11:00 am	renewal application. However, a copy of your 2022 Mayor's/Business Permit shall be required							
		together with the quotation	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

RECEIVED **GSD** Procurement

## REQUEST FOR QUOTATION PR No. 22-04-0600

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		Quantity	Unit Price	Total Amount (VAT Inclusive)	Compliance with Technical Specifications (pls. check)				
Address Otub		40			Yes	No			
Address Stub		10							
Specifications: Length – 4.5 inches Width – 2 inches Color – White *with holes on both sides (left and right) *matte paper texture									
	-								
Total amount in words:									
Printed name of the authorized representative:  Signature:									
Name of Company:			Position:						
Address:	Email address:								
Fax No.: Tel. No.:				_					
Date:		•							