

## REQUEST FOR QUOTATION

The Philippine Statistics Authority (PSA) through the Bids and Awards Committee (BAC), intends to									
procure		Top Glass for confe	erence and office tables						
which shall	be undertaken in accordance with	*	(52.1 b) Shopping						
of the 2016	Revised Implementing Rules and Ro	egulations of Republic	Act No. 9184, with an Approved Budget of the						
Contract (A	BC) in the amount of 12,000	.00	Twelve Thousand Pesos Only						
	nit your quotation duly signed by you		rein, subject to the Terms and Conditions provided ed representative not later than						
12.0	MAY 2022 at 11:0000	through email at	bac-secretariat@psa.gov.ph						
	For any clarification, you may conta	ct us at telephone no.	(02) 8374-8263 or email address at						
gsdprocuren	nent.psa@gmail.com		(,						
			MINERVA ELOISA P. ESQUIVIAS						
			MINERVA ÉLOISA P. ESQUIVIAS						
		N	Chairperson, Bids and Awards Committee						
		TERMS AND CO	NOITIONS						
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 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 according to								
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								
44	the corresponding bank transfer fee, if any, shall be chargeable to the account of the supplier.								
11	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 Deveit as well-d DhillOFDC		Not later than 12 0 MAY	In case not yet available, you may submit your expired Mayor's/Permit with Official						





Management System ISO 9001:2015 www.tuv.com ID 9108640991

PSA Complex, East Avenue, Diliman, Quezon City, Philippines 1101

Telephone: (632) 8938-5267

www.psa.gov.ph

RECEIVED GSD Procurement

Date: 1 3 K::: ;;;;

Time: (1)

## REQUEST FOR QUOTATION PR No. 22-04-0612

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)			
	Unit				Yes	No		
Top glass for conference table (Oval shape)		1						
90cm (width x 180cm (length)								
T 1 ( ( ( ( ) ) )	Unit							
Top glass for office tables, size:		9						
120cm (L) x 70cm (W) x 75cm (H)								
***************************************		-						
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								
Total amount in words:				-				
Printed name of the authorized representative: Signature:								
Name of Company:Position:								
Address:	Email address:							
Fax No.: Tel. No.:	Tel. No.:Mobile No.:							
Date:								