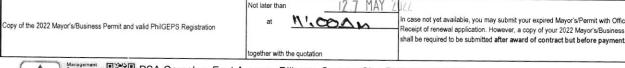


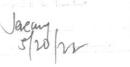
REQUEST FOR QUOTATION

The Philippine Statistics Authority (PSA) through the Bids and Awards Committee (BAC), intends to						
procure Lateral File Cabinet with 4 Drawers						
which shall be undertaken in accordance with Section 52.1 (b) (Shopping)						
of the 2016 Revised Implementing Rules and Regulations of Republic Act No. 9184, with an Approved Budget of the						
			Eleven Thousand Seven Hundred Sixty Pesos Only			
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						
2.7	MAY 2022 at \(\)\\\\\\\\\\\	DAM	through email at	bac-secretariat@psa.gov.ph	and	
bacsecreta	ariat.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						
1	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 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 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 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 Permit and valid PhilGEPS Registration		Not later than at	MICOAN	In case not yet available, you may submit your expire Receipt of renewal application. However, a copy of your shall be required to be submitted after award of con	our 2022 Mayor's/Business Permit	





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



REQUEST FOR QUOTATION PR No. 22-04-0630

After having carefully read and accepted the Terms and Conditions, I/We submit our quotation/s for the item/s as follows: Compliance with Total Technical Amount Unit Specifications (pls. Item(s) and Specification(s), minimum Unit Quantity (VAT Price check) Inclusive) Yes No 1 рс Lateral File Cabinet with 4 Drawers Specifications: Measurement: W90xD45x131.5cm Color: Grey Materials Made 0.8 mm cold rolled steel sheet in powder finish with 14 inches metal drawer slide X-X-X-X-X-X Total amount in words: Signature: Printed name of the authorized representative: Position: Name of Company: Email address: ____ Address: Tel. No.: Mobile No.: Fax No.: Date: