

with CNAS

REQUEST FOR QUOTATION

	The Philippine Statistics Authority (PSA) through the Bids and Awards Committee (BAC), intends to							
procure	Genuine HP 416A							
which sha	ll be undertaken in accordance with Section 52.1 (Shopping)							
of the 201	6 Revised Implementing Rules and Regulations of Republic Act No. 9184, with an Approved Budget of the							
Contract (ABC) in the amount of 185,400.00 One Hundred Eighty Five Thousand Four Hundred 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								
20.01.84	at through email at bac-secretariat@psa.gov.ph							
	For any clarification, you may contact us at telephone no. (02) 8374-8263 or email address at							
gsdprocure	ement.psa@gmail.com							
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	AMINGOM WAS							
	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 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 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								
	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							
11	the corresponding bank transfer fee , if any, shall be chargeable to the account of the supplier. Liquidated damages equivalent to one tenth (1/10) of one percent (1%) of the value of the goods not delivered within the prescribed period							
11	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 or valid PhilGEPS Registration	at 41, 60 AM	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.



Management System ISO 9001:2015



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

10:20

REQUEST FOR QUOTATION PR No. 22-04-0642

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

After having carefully read and accepted the Terms ar	nd Conditions, I/	We submit	our quota	tion/s for the ite	m/s as follow	vs:
Item(s) and Specification(s), minimum	Unit	Quantity	Unit Price	Total Amount (VAT Inclusive)	Tech Specifica che	nnce with nnical tions (pls. eck)
Genuine HP 416A Black (W2040A)	cort	6			Yes	No
	cart	6				
Genuine HP 416A Cyan (W2041A)	cart	6				
Genuine HP 416A Yellow (W2042A)	cart	6				
Genuine HP 416A Magenta (W2043A)	cart	6				
*To be awarded by lot						
Total amount in words:						
i van amount in words.						
Printed name of the authorized representative:			Signature:			
Name of Company:			Position:			
value of company.			Position.			
Address:	Email address:					
Fax No.:Tel. No.:		Mobile No.:				
Date:						