

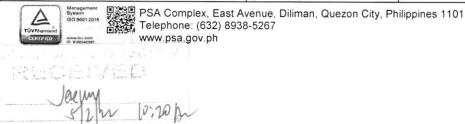
REQUEST FOR QUOTATION

	The Philippine Statistics Author	rity (PSA) through the	Bids and A	Awards Committee (BAC), intends to				
procure Paper Shredder								
which s	hall be undertaken in accordance w	ith	Section 52.1 (b) (Shopping)					
of the 2016 Revised Implementing Rules and Regulations of Republic Act No. 9184, with an Approved Budget of the								
Contrac	ct (ABC) in the amount of	5,700.00	Five Thousand Seven Hundred 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	y you or your duly aut	horized rep	resentative not later than				
		∞∧ through	email at	bac-secretariat@psa.gov.ph and				
bacsecre	tariat.psa@gmail.com.							
For any clarification, you may contact us at telephone no. (02) 8374-8263 or email address at								
gsdproci	urement.psa@gmail.com							
				Mongminer				
				MINERVA ELOISA P. ESQUIVIAS				
			Cha	airperson, Bids and Awards Committee				
		TERMS AND CO	ONDITIONS					
1	Bidders shall provide correct and accurate inf	formation required in this form	m.					
2	Price quotattion/s must be valid for a period of	f thirty (30) calendar days	from the date of	of submission.				
3	Price quotation/s, to be denominated in Philip		axes, duties an	d/or levies payable.				
4 5	Quotations exceeding the ABC shall be rejec							
5	Award of contract shall be made to the lowes This procurement project is to be awarded by		vith the technica	al specifications, and other terms and conditions stated herein.				
6	Any interlineations, erasures or overwriting sh	nall be valid only if they are s	igned or initiale	ed 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 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	supplier. Our Government Servicing Bank, La	ocuments, i.e. Order Slip and/or Billing Statement, by the se 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.							
Liquidated damages equivalent to one tenth (1/10) of one percent (1%) of the value of the goods not delivered within the prescribed period sha imposed per day of delay. The PSA shall rescind the contract once the cumulative amount of liquidated damages reaches ten percent (10%) of amount of the contract, without prejudice to other courses of action and remedies open to it.								
	Documents to be submitted	Deadline		Remarks				
		Not later than	0 MAY 202	n e				

together with the quotation

(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.



Copy of the 2022 Mayor's/Business Permit and valid PhilGEPS Registration

REQUEST FOR QUOTATION PR No. 22-04-0663

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	Unit	Quantity	Unit Price	Total Amount (VAT Inclusive)	Compliance with Technical Specifications (pls. check)		
				,	Yes	No	
Paper Shredder, cutting width: 3mm-4mm (Mid-level)	unit	1					
X-X-X-X-X-X-X		-					
Total amount in words:	1						
Printed name of the authorized representative: Signature:							
Name of Company: Position:							
ddress: Email address:							
Fax No.:Tel. No.:	Mobile No.:						
Date				7 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -			

Printed name of the authorized representative		Signature:			
Name of Company:		F	Position:		
Address:		E	Email address:		
Fax No.:	Tel. No.:	Mobile No.:			
Date:					