

REPUBLIC OF THE PHILIPPINES PHILIPPINE STATISTICS AUTHORITY

REQUEST FOR QUOTATION

The Philippine Statistics Authority (PSA) through the Bids and Awards Committee (BAC), intends to										
procure Cabinets and Extension Cords										
which sha	all be undertaken in accordance with	Section 52.1 (b) Shopping								
of the 20	16 Revised Implementing Rules and Regu	ulations of Republic Act No. 9184, with an Approved Budget of the								
Contract (ABC) in the amount of 131,999.95		One Hundred Thirty One Thousand Nine Hundred Ninety Nine and 99.95 95/100 Pesos								
	Please quote your best offer for the item	m/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										
10 2	2 JUN 2022 at 11:00,41	through email at <u>bac-secretariat@psa.gov.ph</u> and								
<u>bacsecreta</u>	ariat.psa@gmail.com.									
For any clarification, you may contact us at telephone no. (02) 8374-8263 or email address at										
gsdprocu	rement.psa@gmail.com									
MINERVA ELOISA P. ESQUIVIAS Chairperson, Bids and Awards Committee TERMS AND CONDITIONS										
1	Bidders shall provide correct and accurate information									
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.									
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 202	Not I 22 Mayor's/Business Permit and valid PhilGEPS Registration	t later than at 111,000 AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA								



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

together with the quotation

REQUEST FOR QUOTATION PR No. 22-05-0836

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	
Lateral File Cabinet, 4	drawers	unit	5					
File Cabinet, 3 drawe	unit	5						
Extension Cord 4 met	рс	10						
Extension Cord 10 meters, wheel type		рс	2					
Total amount in words:								
Printed name of the authorize	d representative:				Signature:			
Name of Company:					Position:			
Address:	Email address:							
Fax No.: Tel. No.: Mobile No					t			
Date:								