

REQUEST FOR QUOTATION

procure	- ·	*	ids and Awards Committee (BAC), intends to Satellite Accounts Publication				
which sha	all be undertaken in accordance with		Section 53.9 (Small Value Procurement)				
of the 201	l6 Revised Implementing Rules and R	Regulations of Republic	: Act No. 9184, with an Approved Budget of the				
Contract ((ABC) in the amount of 125,000	0.00	One Hundred Twenty Five Thousand Pesos				
	• •		erein, subject to the Terms and Conditions provided				
below Su	ibmit your quotation duly signed by yo						
12.4 0	UN LULL at Illo m	through email at	<u>bac-secretariat@psa.gov.ph</u>				
	For any clarification, you may conta	act us at telephone no.	(02) 8374-8263 or email address at				
gsdprocure	ement.psa@gmail.com						
			Magmacas				
			MINERVA ELOISA P. ESQUIVIAS				
			Ghairperson, Bids and Awards Committee				
		TERMS AND CO					
1	Ridders shall provide correct and accurat		j				
2	Bidders shall provide correct and accurate information required in this form. Price quotattion/s must be valid for a period of thirty (30) calendar days from the date of submission.						
3	Price quotation/s must be valid for a period of triffty (30) caleridar days from the date of submission. 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 a	ind/or test the goods to cor	nfirm their conformity to the Technical Specifications.				
10		•	equired supporting documents, i.e. Order Slip and/or Billing Statement,				
			e Philippines, shall credit the amount due to the identified bank of the				
			an 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						
	shall be imposed per day of delay. The PSA shall rescind the contract once the cumulative amount of liquidated damages reaches ten						
			her courses of action and remedies open to it.				
	Documents to be submitted	Deadline	Remarks				
		Not later than	In case not yet available, you may submit your expired Mayor's/Permit with Official				
Copy of the 2022 Mayor's/Business Permit or valid PhilGEPS Registration		at	Receipt of renewal application. However, a copy of your 2022 Mayor's/Business Permit				
		together with the quetation	shall be required to be submitted after award of contract but before payment.				



Omnibus Sworn Statement (OSS)



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

together with the quotation

together with the quotation

Telephone: (632) 8938-5267 www.psa.gov.ph

RECEIVED GSD Procurement

Unnotarized OSS may be submitted. However, a copy of your notarized OSS shall be

required to be submitted after award of contract but before payment.

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PR No. 22-05-0906

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) Yes No			
2021 Philippine Tourism Satellite Accounts								
Publication	рс	50						
Specifications: No. of pages: 60 (30 Leaves, Printed back to back)								
Size: 8.27 x 11.69 (A4 size)								
Interior Paper: 80-90 gsm (Colored)								
Softcover Paper/Card: 170-200 gsm (Colored)								
Perfect Binding								
					-			
	<u> </u>							
			<u> </u>					
Total amount in words:								
Printed name of the authorized representative:				Signature:				
Name of Company: Position:								
Address:			Email address:					
Fax No.: Tel. No.:		Mobile No.:						

Printed name of the authorized representative:			Signature:				
Name of Com	pany:	F	Position:				
Address:		E	Email addre	ss:			
Fax No.:	Tei. No.:	Mobile No.:_					
Date:							