

REQUEST FOR QUOTATION

| The Philippine Statistics Authority (PSA) through the Bids and Awards Committee (BAC), intends to | | | | | | |
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| orocure | Various Subscription | | | | | |
| | be undertaken in accordance w | Section 52.1(b) (Shopp | | | | |
| 2010 Burised Implementing Rules and Regulations of Republic Act No. 9184, with an Approved Budget of the | | | | | | |
| Contract (ABC) in the amount of Php 342,300.00 Three Hundred Forty Two Thousand Three Hundred Pesos Only. | | | | | | |
| Solitiaet (/186) in the silvesti | | | | | | |
| 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 MAY 15 2021. at U.G.G. ANN through email at <u>bac-secretariat@psa.gov.ph</u> and <u>bacsecretariat.psa@gmail.co</u> | | | | | | |
| MAY | | - 0 0 | | | | |
| For any clarification, you may contact us at telephone no. (02) 8374-8263 or email address at | | | | | | |
| gsdprocurement.psa@gmail.com | | | | | | |
| SAM DA OMILUAS | | | | | | |
| | AMUN OMIWAS MINERVA ELOISA P. ESQUIVIAS | | | | | |
| | Cyairperson, 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 | Assistant reactions, procures or executing shall be valid only if they are signed or initialed by you or your duly authorized representative. | | | | | |
| | 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 | | | | | |
| 7 | to finally detrmine the single winning bidder in accordance with GPPB Circular 00-2005. | | | | | |
| 8 | The item/s shall be delivered according to the requirements specified in the Purchase Request (177). | | | | | |
| 9 | to the manufacture of the confirm their conformity to the Lectured Specifications. | | | | | |
| 10 | | | | | | |
| | | | | | | |
| | earlier than twenty four (24) hours, but not later than forty eight (48) nours, upon receipt of our advice. House hat a day of the control of | | | | | |
| 11 | 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 | | | | | |
| | Liquidated damages equivalent to one tenth (1710) of one percent (178) of the value of the good not damages reaches ten percent (10%) of the 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. | | | | | |
| | amount of the contract, without pr | | | | emarks | |
| | Documents to be submitted | De | eadline MAY 1 5 2024 | 110 | | |
| | 004 Moveda/Duninger Permit and valid | not later than | TIAT 13 ZUZ4 | together with the quotation | h the guotation | |
| PhilGEPS Re | 024 Mayor's/Business Permit and valid gistration | | 11:00 AM | | | |
| THIOLI O NOGISTIATION | | | · · | E | | |



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

REQUEST FOR QUOTATION PR No. 24-02-0129

Date:

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 Specifications (pls. Unit Price Quantity Unit Item(s) and Specification(s), minimum (VAT check) Inclusive) No Yes Various Subscription 1 annual Laracasts Subscription 1 annual Vue Mastery Subscription 1 annual GitHUB Subscription 1 annual GitHUB Copilot Subscription Total amount in words: Signature: Printed name of the authorized representative: Position: Name of Company: Email address: _____ Address: Tel. No.: Mobile No.: Fax No.: