



REQUEST FOR QUOTATION

| The Philippine Statistics Authority (PSA) through the Bids and Awards Committee (BAC), intends to | | | | | |
|---|---|---|--|--|--|
| orocure | Notebook Will For and Corto Logo | | | | |
| | hich shall be undertaken in accordance with Section 53.9 (Small Value Procurement) | | | | |
| of the 2016 Revised Implementing Rules and Regulations of Republic Act No. 9184, with an Approved Budget of the | | | | | |
| Contract (| ABC) in the amount of Php | 75,000.00 | Seventy Five Thousand Pesos Only | | |
| Please quote your best offer for the item/s described herein, subject to the Terms and Conditions provided | | | | | |
| pelow. Submit your quotation duly signed by you or your duly authorized representative not later than | | | | | |
| MAY 7 | 8 7074 at | : nc) App through email at | bac-secretariat@psa.gov.ph and bacsecretariat.psa@gmail.com | | |
| TIMI Z | For any clarification, you may | contact us at telephone no. (02) 8374-8263 or | email address at | | |
| gsdprocure | ement.psa@gmail.com | | | | |
| | | | AM Ingmina) | | |
| | | | MINERVA ELOISA P. ESQUIVIAS | | |
| | | | 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 subm/ssion. | | | | |
| 3 | | | | | |
| 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 or | ineations, 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 10 | The PSA shall have the right to inspect and/or test the goods to confirm their conformity to the Technical Specifications. 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 | | | | |
| 10 | 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) | | | | |
| | | | e 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 2024 Mayor's/Business Permit or valid PhilGEPS Registration | | | | | |
| | | not later than MAY 2 8 2024 | | | |
| | | | together with the quotation | | |
| | | at(('. OO AM) | | | |
| Mataria | and Omnibus Cusen Statement (OSS) | | | | |



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

REQUEST FOR QUOTATION PR No. 24-05-0459

Fax No.: 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 Item(s) and Specification(s), minimum Unit Quantity (VAT check) Inclusive) Yes No Notebook with PSA and OCRG Logo 500 piece Total amount in words: Signature: Printed name of the authorized representative: Position: Name of Company: Address: Email address: _ _____Tel. No.:

_Mobile No.: _