



REQUEST FOR QUOTATION

procure	:	CONTROL OF THE REAL PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF TH		MobileTV Cart For 60"- 100"					
which sha	all be undertaken in accordance wit	th	Section 52.1(b) (Shopping)						
			ublic Act N	o. 9184, with an Approved Budget of the					
	(ABC) in the amount of Php 20			Twenty Thousand Pesos Only					
	ubmit your quotation duly signed by	you or your duly auth	orized rep	subject to the Terms and Conditions provided resentative not later than bac-secretariat@psa.gov.ph and bacsecretariat.psa@gmail.com					
	For any clarification, you may co	ontact us at telephone	no. (02) 8	374-8263 or email address at					
gsdprocure	ement.psa@gmail.com								
			1.0	AM maminas					
			1	AMINGM'WAS MINERVA ELOISA P. ESQUIVIAS					
				Chairperson, Bids and Awards Committee					
				Y					
		TERMS A	P. John M. Proposition of State of Stat						
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. Award of contract shall be made to the lowest calculated and responsive bid (LCRB).								
5									
6		erwriting 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 accord	ing to the requirements s	pecified in the	ne Purchase Request (PR).					
9	The PSA shall have the right to insp	ect and/or test the goods	to confirm t	neir 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 correspondint 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 sha 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 and valid PhilGEPS Registration		not later than	0 4 2024 Ann	together with the quotation					



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

REQUEST FOR QUOTATION PR No. 24-05-0514

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)				
	E8.1			miciusive)	Yes	No			
Height Adjustable Telescopic MobileTV Cart For 60"- 100"	piece	1							
Material: Steel	Marin -								
Surface Finish: powder-coated									
Color: matte black		2 - 3	200		1443				
Weight capacit: 100 kg		14475			17.5				
Tilt range: +5 deg to -10 deg				- 5					
Base type: caster			3 1 1						
ICS Distribution:				- 1	- 1913				
Mr. Jun Victor J. Caga-anan		-		· VIII					
************					- 1				
	W. Britan			35					
					1.25				
					K - 1				
				7					
				5	12.74				
man, burner at the second of the second			1.0						
Total amount in words:									
Printed name of the authorized representative:		Signature:							
Name of Company:		Position:							
Address:		Email address:							
Fax No.: Tel. No.:		Mobile No.:							
Date:									