

REQUEST FOR QUOTATION

The Philippine Statistics Authority (PSA) through the Bids and Awards Committee (BAC), intends to

procure	Tokens for th	e 2024 PSS Fellowship	
which shall be undertaken in accordance with		Section 53.9 (Small Value Procurement)	
of the 2016 Revised Implementing Ru	les and Regulations of Re	epublic Act No. 9184, with an Approved Budget of the	
Contract (ABC) in the amount of 160,000.00		One Hundred Sixty Thousand Pesos Only.	
below. Submit your quotation duly sign JUN 2 4 2024 at bacsecretariat.psa@gmail.com.	ned by you or your duly a <u> ∵ 00 AM</u> throug	ed herein, subject to the Terms and Conditions provided authorized representative not later than gh email at bac-secretariat@psa.gov.ph and	
For any clarification, you ma	y contact us at telephone	e no. (02) 8374-8263 or email address at	
gsdprocurement.psa@gmail.com			

TERMS AND CONDITIONS

- 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 quotation which complies with the technical specifications, and other terms and conditions stated herein. This procurement project is to be awarded by lot.
- 6 Any interlineations, erasures or overwriting 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 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.
- 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.
- 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 and valid PhilGEPS Registration	not later than JUN 2 4 2024 at H:00 AM	Together with the quotation.
NOTARRED OMNIBUS SWORN STATEMENT (OSS)		
For Sole Proprietorship: If owner - Notarized OSS If authorized representative - Notarized Special power of Attorney and OSS		
b. For Corporation Notarized Secretary's Certificate and OSS	Upon acknowledgement of the Notice of Award	
. Partnership anyone of the partners - Notarized OSS		



REQUEST FOR QUOTATION PR No. 24-06-0620

After having carefully read and accepted the Terms and Conditions, I/We submit our quotation/s for the item/s as follows: Compliance with Technical Total Unit Amount Item(s) and Specification(s), minimum Unit Specifications (pls. Quantity Price (VAT check) Inclusive) Tokens for the 2024 PSS Fellowship lot 1 No. of set: 200 Inclusion in one set -Wooden digital LED Alarm clock and wireless charger with PSA -Woven Fabric Tote Bag with PSA Logo (with zipper) See attached sample design Delivery Date: 02 July 2024 Delivery Location: 24th Floor, PSA Headquarters, PSA Complex, East Ave., Diliman Quezon City x-x-x-x-x-x Total amount in words: Printed name of the authorized representative: Signature: Name of Company: Position: Email address: Address: Fax No.: Tel. No.: Mobile No.: Date: