

	REQUEST FOR Q	UOTATION					
The Philippine S	statistics Authority (PSA) through the Bids ar	nd Awards Committee (BAC), intends to					
procure	Various IC	T Equipment					
which shall be undertaken in	accordance with	Section 52.1(b) (Shopping)					
	enting Rules and Regulations of Republic Act N	No. 9184, with an Approved Budget of the					
Contract (ABC) in the amoun	t of Php 246,500.00	Hundred Forty Six Thousand Five Hundred Pesos Only					
Please quote you	ur best offer for the item/s described herein,	subject to the Terms and Conditions provided					
	duly signed by you or your duly authorized rep	presentative not later than					
SEP 2 3 2024	at through email at	bac-secretariat@psa.gov.ph					
For any clarificati	ion, you may contact us at telephone no. (02) t	8374-8263 or email address at					
gsdprocurement.psa@gmail.co	<u>m</u>						
		MINERVA ELOISA P. ESQUIVIAS Chairperson, Bids and Awards Committee					
	TERMS AND GOV	1					
	TERMS AND CO	edition (A) # EXILORED Addition 1983					
	de correct and accurate information required in this fo						
	nust be valid for a period of thirty (30) calendar days						
	be denominated in Philippine peso, shall include all	taxes, duties and/or levies payable.					
	ng the ABC shall be rejected.	- hid ((ODD))					
	Award of contract shall be made to the lowest calculated and responsive bid (LCRB).						
Any interimentions,		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	The item/s shall be delivered according to the requirements specified in the Purchase Request (PR).						
9 The PSA shall have	The PSA shall have the right to inspect and/or test the goods to confirm their conformity to the Technical Specifications.						
		red supporting documents, i.e. Order Slip and/or Billing Statement, by the es, shall credit the amount due to the identified bank of the supplier not					
		3) hours, upon receipt of our advice. Please note that the corresponding					
bank transfer fee, 11 Liquidated damages	if any, shall be chargeable to the account of the supply a equivalent to one tenth (1/10) of one percent (1%)	olier. 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 contr	act, without prejudice to other courses of action and	remedies open to it.					
Documents to be submitte	d Deadline	Remarks					
Copy of the 2024 Mayor's/Business Permi PhilGEPS Registration	not later than SEP 2 3 2024 at	together with the quotation					
Supporting document/s to be submitted as applicable: a. For Sole Proprietorship:	s may be						





REQUEST FOR QUOTATION PR No. 24-08-0821

After having carefully read and accepted the Terms and Conditions, I/We submit our quotation/s for the item/s as follows:

After having carefully read and accepted the Terms and Condition Item(s) and Specification(s), minimum		Quantity	Unit Price	Total Amount (VAT Inclusive)	Tecl Specifica ch	ance with hnical ations (pls. eck)		
Memory, 8G-PC42400T-UE1-11		13			Yes	No		
SSD SATA, 2.2", 1T with SATA Cable		13						
Memory, 16G-PC3200AA-UA2		7						
SSD M.2 128G, upgrade 1T M.2		7						
Travel Mate P214 - MEM DDR4 - 3200 MHZ		7						
Travel Mate P214 - Storage - 128G SSD NVME		7						
*Warranty Coverage is at least 1 year on parts, accessories and services 1. The PSA is not responsible for returning a deffective storage item under warranty 2. The vendor shall therefore provide the replacement for the deffective item at no additional charge and the PSA shall keep the deffective item *This procurement is to be awarded by item						-2		
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:								