



REQUEST FOR QUOTATION

procure	The Philippine Statistics A	tuthority (PSA) thr		Awards Committee (BAC), intends to ctive Equipment						
	all be undertaken in accordance	e with		Section 52.1(b) (Shopping)						
of the 201	16 Revised Implementing Rules	s and Regulations	of Republic Act No.	9184, with an Approved Budget of the						
		506,054.50		ive Hundred Six Thousand Fifty Four and 50/100						
	Please quote your best offer	r for the item/s de	scribed herein, su	bject to the Terms and Conditions provided						
below. Su	ubmit your quotation duly signed	d by you or your du	ly authorized repres	sentative not later than						
_0CT_1	1 1 2024 at	11:00 AM	through email at	bac-secretariat@psa.gov.ph						
	For any clarification, you ma	y contact us at tele	phone no. (02) 837	'4-8263 or email address at						
gsdprocure	rement.psa@gmail.com									
				AMUNGMILLEN MINERVA ELOISA P. ESQUIVIAS						
				Chairperson, Bids and Awards Committee						
		TE	RMS AND CON	DITIONS						
1	Bidders shall provide correct and									
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		Any interlineations, 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 acc									
9		The PSA shall have the right to inspect and/or test the goods to confirm their 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									
	fee, if any, shall be chargeable to	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.								
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	Dea	adline	Remarks						
Copy of the 20 PhilGEPS Reg	024 Mayor's/Business Permit and valid gistration	not later than _	0CT 1 1 2024	together with the quotation						



at 1:00 AM

REQUEST FOR QUOTATION PR No. 24-09-0958

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)	
			3.0	moldorecy	Yes	No
Personal Protective Equipment				Man = 1		
Hard Hats	900				HATE OF SELECTION	
Specifications:				di to	8.0.25.05.0	
- Color : Yellow						
Emergency Flashlight	200					
Specifications:	200					
- Battery Type: Ni-Mh						
- Power Source: Rechargeable Battery				100		
- Lamp Body Material: Acrylonitrile Butadiene Styrene,		51				
or ABS						NA CHUN
- Lamp Luminous Flux (Im) : 20 - 35 Lumens		J. 1				
Whistle	1667					-7-
Spicifications: - Plastic						
- Keychain Type						
				V at		
				The state of the	TENER TO	
				6.4		
	Marie I	7	S-11-02			
Total amount in words:			Mile of Mi			
Printed name of the authorized representative:				Signature:		
Name of Company:		Position:				
Address:	Email address:					
Fax No.: Tel. No.:						
Date:	450-				19.	