



REQUEST FOR QUOTATION

procure	The Philippine Statistics A		Bids and Awards Committee O Video and Animation App							
The state of the s	I be undertaken in accordance	The second secon	Section 52.1(b) (Shopping)							
	6 Revised Implementing Rules									
Contract (ABC) in the amount of Php 160,000.00 _			One Hund	One Hundred Sixty Thousand Pesos Only						
	Please quote your best offe omit your quotation duly signed 7 3 7074 at		zed representative not later							
asdprocure	For any clarification, you ma	y contact us at telephone no	. (02) 8374-8263 or email ad	dress at						
gsuprocure	menc _D sawgman.com		, C }	MINERVA FLOISA P. ESQUIVIAS pairperson, Bids and Awards Committee						
TERMS AND CONDITIONS										
1 2 3 4 5 6 7 8 9 10	Price quotattion/s must be valid for a period of thirty (30) calendar days from the date of submission. Price quotation/s, to be denominated in Philippine peso, shall include all taxes, duties and/or levies payable. Quotations exceeding the ABC shall be rejected. Award of contract shall be made to the lowest calculated and responsive bid (LCRB). 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. The item/s shall be delivered according to the requirements specified in the Purchase Request (PR). 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 improved as all or the improved as all or the supplier.									
	prejudice to other courses of acti	Deadlin	ne	Remarks						
Copy of th	ne 2024 Mayor's/Business Permit or valid PhilGEPS Registration	not later than OCT 2 3 200		together with the quotation						





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

RECEIVED **BSD Procurament** Nome: JOIEMA

Date: |0|16

REQUEST FOR QUOTATION PR No. 24-09-0983

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		Quantity	Unit Price	Total Amount (VAT Inclusive)	Compliance with Technical Specifications (pls. check)			
0.4					Yes	No		
Subscription to Video and Animation Application (Powtoon)	account	2			8			
Powtoon Professional Account								
= (for 1 year)		11653						
= Unlimited # of Powtoons								
= Powtoon Branding Removed								
= Privacy Control								
= Commercial Use								
= 24/7 Priority Support								
*Create								
= Al Script writer								
= Al Video Assistant								
= Al Text to Speech								
= Al Avatars								
= 100 credits / on yearly plan or 10 credits / on monthly plan								
= 10 GB storage								
= 20 min. duration								
= advanced sound								
= 200 screen and webcam recordings								
*Export								
= FHD video quality								
= Download: MP4, PPT, PDF				Grand Control				
= Upload: Youtube, Vimeo, Wistia		Marie and						
= Share: Twitter, FB								
= Publish to: Hubspot, Ads Manager, Slack, Teams, Slideshare								
*Content								
= Premium content package								
= Premium royalty-free sound library								
= Premium royalty-free image and video library								
= Premium Powtoon templates								
*Collaborate								
= Collaborative creation		RE TH						
= Commenting								
= Folder management								
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:								