

REPUBLIC OF THE PHILIPPINES PHILIPPINE STATISTICS

REQUEST FOR QUOTATION

The Philippine Statistics Authority (PSA) through its Bids and Awards Committee (BAC) will undertake alternative mode of procurement, **(shopping, small value, etc.) BD Office Supplies**

| Name of Project | Supply and Delivery of BD Office Supplies | | | |
|-------------------------|---|--|--|--|
| Solicitation | PR No. FAS 18-10-414 | | | |
| Location | Metro Manila | | | |
| Brief Description | Procurement of Goods | | | |
| Quantity | See attached Bid Form | | | |
| Approved Budget for the | | | | |
| Contract (ABC) | ₱ 5,365.00 | | | |
| Contract Duration | | | | |

Please quote your **lowest price** on the item/s listed below and submit personally your **SEALED QUOTATION not later than 5:00 pm on** <u>October 31, 2018</u> at the **General Services Division**, 11th FIr., Cyberpod One Enton Centris, Diliman, Quezon City.

BAC Chairperson

Terms and Conditions:

- 1. Only the suppliers registered at the Philippine Government Electronic Procurement System (PhilGEPS) shall be allowed to submit the quotation.
- 2. All entries must be typewritten/printed legibly in the Bid Form. Failure to use this form will result to disgualification of your bid.
- 3. Late submission of quotation shall not be accepted.
- 4. Bids exceeding the ABC shall be disqualified.
- 5. The Lowest bidder shall be informed immediately and shall be asked to submit additional requirements within three days after the opening of bids or during post gualification.
- 6. Award of contract shall be made to the lowest quotation, and complies with the specifications and other terms and conditions as stated in the RFQ.
- 7. Terms of Payment shall be made through check payable to the supplier.
- 8. The PSA reserves the right to reject any or all bid proposals, or declares the bidding a failure, or not to award the contract, and makes no assurance that a contract shall be entered into as a result of this invitation.

PHILIPPINE STATISTICS AUTHORITY REQUEST FOR QUOTATION Page 2

BID FORM

| Unit | Qty. | Unit Price | Total Amount (VAT inclusive) | Compliance with Technical Specifications (please check) | |
|------|------------------------------------|--|---|--|---|
| | | | | YES | NO |
| Pack | 25 | | | | |
| Pack | 20 | | | () | () |
| Pack | 20 | | | () | |
| Pad | 25 | | 1 A A A A A A A A A A A A A A A A A A A | $\left(\right)$ | |
| Pad | 25 | | | () | () |
| pad | 30 | | | () | |
| | | | | | () |
| | | | | () | () |
| 100 | | 1 | | () | |
| | | 1 | Total amount in | () | () |
| | | | words | () | $\begin{pmatrix} () \\ () \end{pmatrix}$ |
| | | | | | |
| | | 1.1.1 | | | |
| | | | | | |
| - P- | | (n | | | |
| | Pack Pack Pack Pad Pad | Pack 25 Pack 20 Pack 20 Pack 20 Pad 25 Pad 25 | Pack 25 Pack 20 Pack 20 Pad 25 Pad 25 | Omit Price(VAT inclusive)Pack25Pack20Pack20Pad25Pad30 | UnitQty.Unit PriceTotal Amount (VAT inclusive)with Te Specific (please)Pack25()()Pack20()()Pack20()()Pack20()()Pad25()()Pad30()(|

Other Requirements:

After having carefully read and accepted your Terms and Conditions. I/We quote you on the item at prices noted above.

| Printed Name of | f authorized | representative/Signature | |
|-----------------|--------------|--------------------------|--|
|-----------------|--------------|--------------------------|--|

| Position: | the particular to | | |
|-----------------|-------------------|----------------|--|
| Name of Company | <u></u> | | |
| Address: | | Email Address: | |
| Fax No | Tel No.: | Cellphone No | |
| Date: | | | |