

REQUEST FOR QUOTATION1

The Philippine Statistics Authority (PSA), through its Bids and Awards Committee, intends to procure External Hard Drive which will be undertaken in accordance with Section 52.1 (b) (Shopping) of the 2016 Revised Implementing Rules and Regulations of Republic Act Six Hundred No. 9184, with an Approved Budget of the Contract (ABC) in the amount of Thousand Pesos Only (PhP600, 000.00).

Please quote your best offer for the item/s described herein, subject to the Terms and Conditions provided below. Submit your quotation duly signed by you or your duly authorized representative not later than 27 November 2020 at 11:00AM through email at bac-secretariat@psa.gov.ph.

For any clarification, you may contact us at telephone no. (02) 8374-8283 or email address at bac-secretariat@psa.gov.ph.

MUN gm was MINERVA ELOISA P. ESQUIVIAS

Chairperson, Bids and Awards Committee

TERMS AND CONDITIONS

Bidders shall provide correct and accurate information required in this form.

Price quotation/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. 2 3.

Quotations exceeding the Approved Budget for the Contract 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.

Any interlineations, erasures, or overwriting shall be valid only if they are signed or initialed by you or any of your 6. duly authorized representative/s.

In case of two or more bidders are determined to have submitted the Lowest Calculated Quotation/Lowest Calculated and Responsive Quotation, the PSA shall adopt and employ "draw lots" as the tie-breaking method to 7. finally determine the single winning provider in accordance with GPPB Circular 06-2005.

The item/s shall be delivered according to the requirements specified in the Technical Specifications.

The PSA shall have the right to inspect and/or to test the goods to confirm their conformity to the technical

10. Payment shall be made after delivery and upon the submission of the required supporting documents, i.e, Order Slip and/or Billing statement, by the supplier. Our Government Servicing Bank, i.e, the Land Bank of the Philippines, shall credit the amount due to the identified bank account 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.

11. Liquidated damages equivalent to one tenth of one percent (0.001) of the value of the goods not delivered within the prescribed delivery 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.

The following documents are likewise required to be submitted on the specified deadlines:

Document	Deadline	Remarks			
Copy of 2020 Mayor's or Business Permit	November 2020 atAM (together with quotation)	award of contract but before payment.			
Notarized Omnibus Sworn Statement (GPPB-prescribed form)	The to arrain	If unable to have the document notarized, you may submit an unnotarize Omnibus Sworn Statement, subject to compliance therewith after awar of contract but before payment.			



Request for Quotation PR No. CRS00-20-10-00

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	Qty.	Unit Price	Total Amount (VAT inclusive)	Technical Specifications (pls. check)	
					Yes	No
External Hard Drive 2TB, 2.5" USB 3.0	рс	120	P	P	()	()
Note: Please see attached list of custodians						
a "according to						
		-				
	W					
Mode of payment: Send bill						
Please submit proposal.						
*				Total amount		
				in		
				words:	-	
					-	
					-	

Printed Name of authori	zed representative/Signa	ature	
Position:			
Name of Company			
Address:		Email Address:	
Fax No	Tel No.:	Cellphone No	
Date:			