PHILIPPINE STATISTICS AUTHORITY Region 7 – Central Visayas REQUEST FOR QUOTATION Page 3

BID FORM

IMPORTANT NOTES/INSTRUCTIONS:

- Make sure to read the Terms and Conditions stated in the Request for Quotation before filling out this
 form.
- 2. Use this form for your quotation. Additional bidder's proposal can also be attached to this form.
- 3. Ensure to indicate the price for the whole lot and the unit price per unit.
- 4. Ensure to fill-up the **TOTAL AMOUNT IN WORDS**.
- 5. Ensure to check the "Compliance with Technical Specifications" Column.
- 6. Submit your bid in any of the following:
 - a. Sealed in an envelope, or
 - b. Email to psa07.rbac@gmail.com only
- 7. Failure to follow these instructions will result to the disqualification of your entire quotation/bid.

Item No.	Item/s and specification/s (minimum)	Unit	Qty	Approved Budget for the Contract (ABC) per unit	Unit Price (in Peso) Please indicate your offer/price here.	Total Amount (VAT inclusive)	Compliance with Technical Specifications (please check) YES NO			
1	CATEGORY D Electrical Supplies for the 2 nd Quarter with the following technical specifications:	Lot	- Name of the last	8,850.00			(James	()
	Bulb, LED, 10/10.5 watts	рс	10	300.00						
	Bulb, light, LED, 7 watts 1 pc in individual box	рс	10	180.00						
	Flourescent tube, LED, 36 watts or equivalent	рс	5	250.00						
	Extension Wire/Extension cord set, voltage surge protector with line filter, 5 mtrs., 6-gang with on- off switch	рс	4	700.00						
							<u></u>		1	
	Mode of Payment: SEND BILL Arrangement or 15-30 working days after receipt of the billing statement						()	Total and the second se)
	Price quotation/s validity: Must be valid for a period of thirty (30) calendar days from the date of submission.))
	TOTAL AMOUNT IN WORDS :							gospanis Alberta programa		malacionadores.

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 authorized representative/Signature

Printed Name of authori	zed representativ	c/Oignataro	
Position:			
Name of Company			pales
TIN #:		_ (Please specify if VAT or NON-VAT)	
Address:		Email Address:	-
Fax No	Tel No.:	Cellphone No	_
Date:			