



**REPUBLIC OF THE PHILIPPINES
PHILIPPINE STATISTICS AUTHORITY**

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.**) for **OFFICE SUPPLIES**. Details of the procurement are as follows:

Name of Project	
Solicitation	P. R. No. FAS-18-07-287
Location	Quezon City
Brief Description	Procurement of OFFICE SUPPLIES.
Quantity	See attached bid form.
Approved Budget for the Contract (ABC)	₱ 63,200.00
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 _____ at the General Services Division, 11th Flr., Cyberpod One Eton 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 disqualification 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 qualification.
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.

BID FORM

Item(s) and specification(s) (minimum)	Unit	Qty.	Unit Price	Total Amount (VAT inclusive)	Compliance with Technical Specifications (pls. check)	
					YES	NO
HARDBOUND (EXPANDING) FOLDER, LONG	PC	500	_____	_____	_____	_____
HARDBOUND (EXPANDING) FOLDER, SHORT	PC	200	_____	_____	_____	_____
TRANSPARENCY FILM (SUPERFAX), A4 SIZE	PACK	20	_____	_____	_____	_____
MASK (FACE)	PC	500	_____	_____	_____	_____
PLASTIC CUPS 4OZ	PACK	200	_____	_____	_____	_____
X-X-X-X-X-X-X-X-X-X-X-X-X-X For FAS-GSD use				Total Amount in words: _____ _____ _____		

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 _____

Position: _____

Name of Company _____

Address: _____ Email Address: _____

Fax No. _____ Tel No.: _____ Cellphone No. _____

Date: _____