

## 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.**) **Toners**.

Name of Project	Toners
Solicitation	ITDS-18-07-070
Location	Quezon City
Brief Description	Procurement of Toners.
Quantity	See attached bid form.
Approved Budget for the	
Contract (ABC)	₱35,000.00
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 **September 3, 2018** at the General Services Division, 11<sup>th</sup> Floor, 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)	Compliar Techi Specific (please YES	nical ations
LASER JET IMAGING DRUM (CP 1025) CE 314A BLACK 30A (BLACK) ORIGINAL LASER JET PRO MFP M227 SDN TONERS	cart cart	2 5	P	P		
x-x-x-x-x-x-x-x-x-x-x-x-x-x For ITDS-SOID use						

## 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 autho	rized representative/Siç	gnature	
Position:			
Name of Company			
Address:		Email Address:	
Fax No	Tel No.:	Cellphone No	
Doto			