

**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 **Venue, Meals and Room Accommodation**

|  |  |
| --- | --- |
| **Name of Project** | **Venue, Meals and Room Accommodation for Interagency Committee on Information and Communications Technology PSDP Workshop** |
| **Solicitation** | **P. R. No. 17-12-2445** |
| **Location** | Ortigas Area |
| **Brief Description** | Procurement of Goods |
| **Quantity** | See attached bid form. |
| **Approved Budget for the Contract (ABC)** | **₱ 180,000.00** |
| **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 **December 19, 2017** at the General Services Division, 11th 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.

1. Late submission of quotation shall not be accepted.
2. Bids exceeding the ABC shall be disqualified.
3. 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.

1. 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.

1. Terms of Payment shall be made through check payable to the supplier.
2. 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.

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**BID FORM**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Item/s and specification/s**  **(minimum)** | **Unit** | **Qty.** | **Unit Price** | **Total Amount**  **(VAT inclusive)** | **Compliance with Technical Specifications (please check)** | |
| **YES** | **NO** |
| **Venue, Meals and Room Accommodation**  **Re: Interagency Committee on Information and Communications Technology PSDP Workshop**  **Food Accommodation for two (2) days**  **(December 21-22, 2017)**  **(P3000/Day)**  **30 Participants**  **\* Venue:**  **Preferably within Ortigas Area**  **Other Requirements:**  **1. One (1) Conference room with maximum capacity of 30 persons.**  **2. rooms should be good for two and two single beds.**  **3. Unlimited free Wi-Fi Access at the conference room.**  **4. Provision of facilities such as whiteboard, whiteboard marker, sound system, screen and other meeting tools that may be needed during the training.**  **5. Buffet breakfast and set meal for lunch, dinner and AM/PM snacks.**  **6. Rooms, no double decks, maximum of 3 persons/ room with unlimited free Wi-Fi access**  **7. Provision of free flowing coffee/drinking water**  **8. Free streamer**  **X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X**  **For KMCD use** | **pax** | **30** | ₱\_\_\_\_\_\_ | ₱\_\_\_\_\_\_\_\_\_    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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_