

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 <u>Venue, Food and Accommodation</u>

Name of Project	Venue, Food and Accommodation
Solicitation	PR No. MAS-18-09-117
Location	Within Pasay City
Brief Description	Procurement of Good
Quantity	See attached Bid Form
Approved Budget for the	
Contract (ABC)	₱ 622,000.00
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 <u>September 19, 2018</u> at the General Services Division, 11th FIr., Cyberpod One Enton Centris, Diliman, Quezon City.**

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.

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BID FORM

Resource Person, RDs, SOCD Chiefs and Central Office Staff for the Training on Seasonal Adjustment Venue: within Pasay City Mode of Payment: Send Bill Details: 07 October – Check in with PM Snacks and Dinner Rooms, all single beds with individual blankets, no double decks, with coffee/drinking water and complete toiletries a. 9 double-sharing room b. 6 triple-sharing room b. 6 triple-sharing room c. 24 triple-sharing room c. 24 triple-sharing rooms Requirements: Spacious conference room good for 100 pax, air conditioned, high ceiling, no pillars and good lightning and sound system Unlimited wifi access Provision of facilities such as whiteboard, sound system, 5 microphones, batteries, wide screen, extension cords, pencil and paper, projector and other meeting tools that may be needed during the training Provision of flowing coffee/drinking water and candies Free welcome streamer and tarpaulin X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-	Item/s and specification/s (minimum) Food and Accommodation (Full Board)	Unit	Qty.	Unit Price	Total Amount (VAT inclusive)	Complement of the Complement o	chnical cations
Seasonal Adjustment Venue: within Pasay City Mode of Payment: Send Bill Details: 07 October — Check in with PM Snacks and Dinner Rooms, all single beds with individual blankets, no double decks, with coffee/drinking water and complete toiletries a. 9 double-sharing rooms b. 6 triple-sharing rooms Rooms, all single beds with individual blankets, no double decks, with coffee/drinking water and complete toiletries a. 2 rooms for one person b. 9 double-sharing rooms c. 24 triple-sharing rooms Requirements: Spacious conference room good for 100 pax, air conditioned, high ceiling, no pillars and good lightning and sound system Unlimited wifi access Provision of facilities such as whiteboard, sound system, 5 microphones, batteries, wide screen, extension cords, pencil and paper, projector and other meeting tools that may be needed during the training Provision of flowing coffee/drinking water and candies Two (2) projectors in the function room Free use of facilities Free welcome streamer and tarpaulin X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X		pax				()	()
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Other Requirements:

After having carefull at prices noted above	•	erms and Conditions. I/We quote you o	on the item
Printed Name of aut	horized representative/Sigr	ature	
Position:			
Name of Company			
Address:		Email Address:	
Fax No	Tel No.:	Cellphone No	
Date:			