



## 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, Food and Accommodation

<b>Name of Project</b>	Supply and Delivery of Venue, Food and Accommodation
<b>Solicitation</b>	PR No. MAS-18-10-168
<b>Location</b>	Metro Manila
<b>Brief Description</b>	Procurement of Goods
<b>Quantity</b>	See attached Bid Form
<b>Approved Budget for the Contract (ABC)</b>	₱ 36,000.00
<b>Contract Duration</b>	

Please quote your **lowest price** on the item/s listed below and submit personally your **SEALED QUOTATION** not later than **5:00 pm on November 7, 2018** at the **General Services Division, 11<sup>th</sup> Flr., Cyberpod One Enton 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.

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# BID FORM

[illegible]

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: \_\_\_\_\_