



**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 Accommodation**. Details of the procurement are as follows:

<b>Name of Project</b>	<b>Workshop on the Improvement of Estimation Methodology for HFCE and BSOD</b>
<b>Solicitation</b>	<b>P. R. No. MAS-18-12-241</b>
<b>Location</b>	Quezon City
<b>Brief Description</b>	<b>Workshop on the Improvement of Estimation Methodology for HFCE and BSOD</b>
<b>Quantity</b>	See attached bid form.
<b>Approved Budget for the Contract (ABC)</b>	<b>₱ 390,000.00</b>
<b>Date of Delivery</b>	

Please quote your lowest price on the item/s listed on the next page and submit the quotation not later than 9:00 am on December 13, 2018 personally on a sealed quotation at the General Services Division, 11<sup>th</sup> Flr., Cyberpod One Eton Centris, Diliman, Quezon City. Address your quotation to GSD-PSS.

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DAISY S. ADLAWAN

**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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Fax no.: 374-82-83/ 374-82-62

**BID FORM**

Item(s) and specification(s)  Minimun	Unit	Qty.	Unit Price	Total Amount  (VAT inclusive)	Compliance with Technical Specifications (pls. check)	
					Yes	No
<p><b>Food and Accommodation (Full Board) for the Workshop on the Improvement of Estimation Methodology for Household Final Consumption Expenditure (HFCE) and Breeding Stocks and Orchard Development (BSOD) for the Overall Revision and Rebasng of the National Accounts</b></p> <p>Venue: within Quezon City Mode of Payment: Send Bill</p> <p>Details: 17 December 2018 – Check in with AM / PM Snacks and Dinner.</p> <p>Rooms, all single beds with individual blankets, no double decks, with coffee/drinking water and complete toiletries a. 1 room for three persons b. 25 triple-sharing rooms</p> <p>18 December 2018 - Breakfast; Check out</p> <p>Rooms, all single beds with individual blankets, no double decks, with coffee/drinking water and complete toiletries a. 1 room for three persons b. 25 triple-sharing rooms</p> <p>Requirements:</p> <ul style="list-style-type: none"> <li>- Spacious conference room good for 80 pax, air conditioned, high ceiling, no pillars and good lightning and sound system.</li> <li>- Unlimited Wifi access</li> <li>- Provision of facilities such as whiteboard, sound system, 2 microphones, batteries, wide screen, extension cords, pencil and paper, and other meeting tools that may be needed during the training.</li> <li>- Provision of flowing coffee/drinking water and candies.</li> <li>- One (1) projector in the function room.</li> <li>- Free use of facilities.</li> <li>- Free welcome streamer and tarpaulin</li> </ul> <p>Charged to A.III.b.2 MAS Fund: Development and Improvement of Statistical Frameworks and Standards.</p>	Pax	78				
				Total amount in words:_____		
				_____		
				_____		
				_____		

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: \_\_\_\_\_