

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 <u>**TONER**</u>. Details of the procurement are as follows:

Name of Project	
Solicitation	P. R. No. ONS-18-08-180
Location	Quezon City
Brief Description	Procurement of TONER.
Quantity	See attached bid form.
Approved Budget for the	
Contract (ABC)	₱ 14,000.00
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>October 8, 2018</u> at the General Services Division, 11th Flr., 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.

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BID FORM

Item(s) and specification(s) (minimum)	Unit	Qty.	Unit Price	Total Amount (VAT inclusive)	Compliance with Technical Specifications (pls. check) YES NO	
HP INK CARTRIDGE 680 BLACK X-X-X-X-X-X-X-X-X-X-X-X-X-X For ONS-PMS use	PC	20				
				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 auth	norized representative/Sign	ature	
Position:			
Name of Company _			
Address:		Email Address:	
Fax No	Tel No.:	Cellphone No	
Date:			