

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 **Catering Service**. Details of the procurement are as follows:

Name of Project	Meals for NEDA Board Meeting
Solicitation	P. R. No. ONS-18-11-283
Location	Quezon City
Brief Description	Meals for NEDA Board Meeting
Quantity	See attached bid form.
Approved Budget for the	
Contract (ABC)	₱ 22,000.00
Date of Delivery	

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 <u>December 5, 2018</u> personally on a sealed quotation at the General Services Division, 11th Flr.,Cyberpod One Eton Centris, Diliman, Quezon City. Address your quotation to GSD-PSS.

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.

PHILIPPINE STATISTICS AUTHORITY REQUEST FOR QUOTATION

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

BID FORM

Item(s) and specification(s) Minimun	Unit	Qty.	Unit Price	Total Amount	Compliance with Technical Specifications (pls. check)	
Willing				(VAT inclusive)	Yes	No
Lunch	Pax	5				
Snacks	Pax	70				
				Total amount in words:		

at prices noted above.

Printed Name of authorizedrepresentative/Signature_______

Position: ________

Name of Company ________

Address: _________Email Address: ________

Fax No. ______. Tel No.: ______ Cellphone No._______

After having carefully read and accepted your Terms and Conditions. I/We quote you on the item