

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.)

| Name of Project | Overhead Scanner | | | |
|-------------------------|-----------------------|--|--|--|
| Solicitation | PR No. ITDS 18-10-109 | | | |
| Location | Quezon City | | | |
| Brief Description | Procurement of Goods | | | |
| Quantity | See attached Bid Form | | | |
| Approved Budget for the | | | | |
| Contract (ABC) | ₱ 450,000.00 | | | |
| 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 November 14, 2018** at the **General Services Division, 11th FIr., 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.

PHILIPPINE STATISTICS AUTHORITY REQUEST FOR QUOTATION

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BID FORM

| Item/s and specification/s (minimum) | | Qty. | Unit Price | Total Amount (VAT inclusive) | Compl with Tec Specific (please YES | chnical cations |
|---|---------|---------|--------------|---------------------------------|---|--------------------|
| Overhead Scanner | рс | 10 | | | () | () |
| Specification: | | | | | () | () |
| Type: Overhead system, simplex scanning | | | | | () | () |
| Scanning Mode: Color, Grayscale, | | | | | () | () |
| Monochrome, Automatic | | | | | () | () |
| Image Sensor: Lens reduction | - | | | | () | () |
| optics/color CCD x 1 | | | | | () | () |
| Light Source: (White LED + lens | | | | | () | () |
| Illumination) x 2 | | | | | () | () |
| Optical Resolution: Horizontal Scanning | | | | | () | () |
| 285 to 218 dpi | | | | | () | () |
| Vertical Scanning: 283 to 152 dpi | | | | Total amount in | , , | |
| Document Size Up to A3 Size | | | | words: | | |
| | | | | | | |
| Xxxxxxxxxxxxxx | | | | 1 | | |
| For the official use of SOID | | | | | | |
| | | | | | | 5 |
| Other Requirements: | | | | | | |
| Affective in a confully road and accorded | vour To | rme and | Conditions I | Me quote vou on | the item | |

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: | | | | | | |