

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>Purified</u> <u>Drinking Water.</u> Details of the procurement are as follows:

Name of Project	Supply and Delivery of Purified Drinking Water for Employees of the PSA Central Office
Solicitation No.	PR-FAS01-19-11-00129
Location	Metro Manila
Brief Description	Procurement of Supply and Delivery of Purified Drinking Water for Employees of the PSA Central Office
Quantity	See attached Bid form.
Approved Budget for the Contract (ABC)	₱ 478,800.00
Date of Delivery	



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 and/or proposal.
- 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

₽	inclusive)	Yes ()	()
₽	₽	()	()
	Total amount in words:		
		amount in	amount in

E: Please Attach (Mayor's Permit, BIR Tax Cert., r SEC, Omnibus Sworn Statement and EPS Registration Number)				
After having carefully read and accepted you	our Terms and	Conditions. I/V	Ne quote you o	on the item
Printed Name of authorized representative	/Signature			
Position:				
Name of Company				
Address:	[Email Address	i: <u>-</u>	
Fax No Tel No.:		_ Cellphone N	lo	
Date:				