



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

Name of Project	Second Quarter 2019 and Third Quarter 2019 National Data Review (NDR) for Agricultural Statistics
Solicitation	PR-MAS05-19-05-00001
Location	Metro Manila
Brief Description	Meals and Accommodation for the Second Quarter 2019 and Third Quarter 2019 National Data Review (NDR) for Agricultural Statistics
Quantity	See attached Bid form.
Approved Budget for the Contract (ABC)	P 570,000.00
Date of Delivery	

Please quote your lowest price on the item/s listed on the next page and submit the quotation not later than 11:00 am on June 20, 2019 personally at the **General Services Division, 11th Flr., Cyberpod One Eton Centris, Diliman, Quezon City**. Address your quotation to GSD-PSS.


EDITHA R. ORCILLA
BAC Vice 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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 Fax no.: 374-82-83/ 374-82-62

BID FORM

Item(s) and specification(s) Minimum	Unit	Qty.	Unit Price	Total Amount (VAT inclusive)	Compliance with Technical Specifications (pls. check)	
					Yes	No
Food & Accommodation for the Second Quarter 2019 and Third Quarter 2019 National Data Review (NDR) for Agricultural Statistics (6 days for each quarter) 1 RSSO Representative for 17 Regions and 2 Staff from AAD – Central Office (each quarter) Area: Within Quezon City near PSA Eton Centris 3 Payment: Send Bill Details: Second Quarter 2019 (21 to 27 July 2019) 21 July 2019 – Check-in with PM Snacks/Dinner 22 July 2019 – Complimentary Breakfast/Dinner 23 July 2019 – Complimentary Breakfast/Dinner 24 July 2019 – Complimentary Breakfast/Dinner 25 July 2019 – Complimentary Breakfast/Dinner 26 July 2019 – Complimentary Breakfast/PM Snacks/Dinner 27 July 2019 – Complimentary Breakfast – Check-out Third Quarter 2019 (20 to 26 October 2019) 20 October 2019 – Check-in with PM Snacks/Dinner 21 October 2019 – Complimentary Breakfast/Dinner 22 October 2019 – Complimentary Breakfast/Dinner 23 October 2019 – Complimentary Breakfast/Dinner 24 October 2019 – Complimentary Breakfast/Dinner 25 October 2019 – Complimentary Breakfast/PM Snacks/Dinner 26 October 2019 – Complimentary Breakfast – Check-out Other Requirements: 1. Unlimited free Wi-Fi access 2. Free use of facilities 3. Air conditioned rooms, no double decks, twin sharing (all single beds) with individual blankets and towels / rooms with drinking water / coffee/ unlimited free Wi-Fi access 4. Free welcome streamer NOTE: Please Attach (Mayor's Permit, Tax Clearance, DTI or SEC, and PhilGEPS Registration Number)	<p>pax</p> <p>19</p> <p>P _____</p> <p>P _____</p>	<p>19</p> <p>19</p>	<p>P _____</p> <p>P _____</p>	<p>P _____</p> <p>P _____</p> <p>Total amount in words: _____ _____ _____</p>		

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: _____