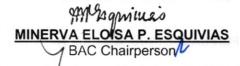


REQUEST FOR QUOTATION

The Philippine Statistics Authority (PSA) through its Bids and Awards Committee (BAC) will undertake alternative mode of procurement (**shopping**, **small value**, **etc.**) for <u>Office Supplies and Consumables</u>. Details of the procurement are as follows:

| Name of Project | Production Supplies | | | |
|--|--|--|--|--|
| Solicitation No. | PSYS-20-07-043 | | | |
| Location | Metro Manila | | | |
| Brief Description | Procurement of Production Supplies for the IDPMD use | | | |
| Quantity | See attached Bid form. | | | |
| Approved Budget for the Contract (ABC) | ₱ 402,100.00 | | | |
| Date of Delivery | | | | |

Please quote your lowest price on the item/s listed on the next page and submit the quotation manually to the BAC Secretariat, 11th Flr., Cyberpod One Eton Centris, Diliman, Quezon City or through facsimile number 374-8283 or email to gsd.staff@psa.gov.ph not later than ______:00 AM/PM on ______. Kindly address your quotation to the Bids and Awards Committee.



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.
- 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.
- 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 , HORITY REQUEST FOR QUOTATION

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

BID FORM

| Item(s) and specification(s) Minimum | Unit | Qty. | Unit Price | Total Amount | Compliance with Technical Specifications (pls. check) | | | |
|--|------------------------------|---------------------|---------------------------------------|------------------------|--|--------------|----|---|
| | | | | (VAT inclusive) | Yes | | No | |
| Production Supplies | arn vagilg | | led - perfect | agreed ton | | | | |
| SAFETY SHOES (Steel toe, Waterproof shoe, color black, Electrical hazard, Puncture resistance, Slip resistant outsole) | | Errasio M. 93-e. | | | S to | oma Milio | | |
| Size: 9 inches | pairs | 20 | ₽ | ₽ | (|) | (|) |
| 9.2 inches | pairs | 10 | ₱ | ₽ | (|) | (|) |
| 9.3 inches | pairs | 10 | ₽ | ₽ | (|) | (|) |
| 9.5 inches | pairs | 10 | ₱ | ₽ | (|) | (|) |
| 7.0 inches | pairs | 8 | ₽ | ₽ | (|) | (|) |
| 2. GLOVES NITRILE RUBBER 100pcs/pack | packs | 46 | ₽ | ₽ | (|) | (|) |
| 3. FIRST AID KIT | set | 3 | P | P | 1 | ١ | (| ١ |
| Package include: scissor, tweezer, Sterile gauze pad, confirming bandage, adhesive tape, selfadhesive bandage, tourniquet, alcohol prep pad, iodine pad, band-aids, antiseptic wet wipes, soap wipes, wound dressing, and etc. | Distance sed decreases se | | ik servensa 1580.e a abos yoniX | | | arien Ter | | , |
| 4. HEAVY DUTY TROLLEY 300KL Load Capacity | pcs | 4 | ₱ | ₽ | (|) | (|) |
| 5. TRAY FOR CARDS (CUSTOM BUILD) | pcs | 20 | ₽ | ₽ | (|) | (|) |
| 6. HEAVY DUTY METAL RACKS/SHELVES | pcs | 4 | ₽ | ₽ | (|) | (|) |
| 7. SHOE RACKS (4 Layers) | pcs | 3 | ₽ | ₽ | (|) | (|) |
| NOTE: Please Attach (Mayor's Permit, BIR Tax Cert., DTI or SEC, Omnibus Sworn Statement and PhilGEPS Registration Number) | | | | Total amount in words: | | | | |
| emena di rasti d'aste ons vista | | n agr a | With the | g Bereyki e jil | | | | |
| Los pré la la | Mary and | J9 9 000 | W. Shursel w | DOLLEY'S FRANCES | | | | |

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: ______