



**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 **Consumables**. Details of the procurement are as follows:

Name of Project	Implementation of activities of IVID
Solicitation No.	PSYS-20-09-056
Location	Metro Manila
Brief Description	Procurement of consumables
Quantity	See attached Bid form.
Approved Budget for the Contract (ABC)	₱ 253,500.00
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 11:00 AM/PM on 09 October 2020 . Kindly address your quotation to the Bids and Awards Committee.

(SGD)

MINERVA ELOISA P. ESQUIVIAS
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 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.

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

[illegible]

Printed Name of authorized representative/Signature_____

Position: _____

Name of Company _____

Address: _____ Email Address: _____

Fax No. _____. Tel No.: _____ Cellphone No. _____

Date: _____