



Republic of the Philippines
PHILIPPINE STATISTICS AUTHORITY
Regional Statistical Services Office VII

REQUEST FOR QUOTATION

The Philippine Statistics Authority-Regional Statistical Services Office VII (PSA-RSSO VII) through its Bids and Awards Committee (BAC) will undertake alternative mode of procurement, **Shopping** for the **Supply and Delivery of Janitorial Supplies, Office Supplies, Office Equipment, IT Supplies, and Electrical Supplies for the 3rd Quarter.**

Name of Project	Supply and Delivery of Janitorial Supplies, Office Supplies, Office Equipment, IT Supplies, and Electrical Supplies for the 3 rd Quarter
Solicitation (If posted at the PhilGEPS)	0700 - 2017 - 09 - 028
Purchase Request No.	0700-2017-08-051A
Location	Cebu City
Brief Description	IT Supplies for the 3 rd Quarter
Quantity	See page 2 of the RFQ
Approved Budget for the Contract (ABC)	₱ 80,250.00 (Category D – IT Supplies)
Contract Duration	
Date of Delivery	1-2 weeks after receipt of P.O.

Please quote your **best price** on the item/s listed below and submit personally your **SEALED QUOTATION** on or before September 15, 2017, **5:00 p.m.** through the address below or through telefax nos. **(032)412-6794 / 254-0470** or through email address (**psa07.rbac@gmail.com**):

*Bids and Awards Committee (BAC)
Philippine Statistics Authority – RSSO VII
Gaisano Capital South Bldg, Colon St. Cebu City*

*Attn.: Ms. Irish B. Velasco
BAC Secretariat
Contact Nos.: (032)412-6794/256-0592*


ENGR. LEOPOLDO P. ALFANTA JR.
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. The following documentary requirements must be submitted prior to payment:

- *Mayor's/Business Permit*
- *PhilGEPS Registration Number/Certificate*

Note: If the abovementioned documents were already submitted except for the Omnibus Sworn Statement, re-submission may no longer be required unless a certain document has already expired.

4. Late submission of quotation shall not be accepted.
5. Bids exceeding the ABC shall be disqualified.
6. The Lowest Calculated and Responsive Bidder shall be informed immediately.
7. Award of contract shall be made to the Lowest Calculated and Responsive Bidder and that it complies with the specifications and other terms and conditions as stated in the RFQ.
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.
9. Mode of payment shall be made either through check or Advice to Debit Account (ADA) to the supplier.

BID FORM

Item/s and specification/s (minimum)	Unit	Qty.	Approved Budget Cost (ABC) (per unit)	Unit Price (in Peso) <i>Please indicate your offer/price here.</i>	Total Amount (VAT inclusive)	Compliance with Technical Specifications (please check)	
						YES	NO
External Floppy Drive	set	1	3,000.00/set			()	()
Ink, HP 21	cart	10	700.00/cart			()	()
Ink, HP 22	cart	10	700.00/cart			()	()
Ink, HP 60, black	cart	15	700.00/cart			()	()
Ink, HP 60, colored	cart	15	850.00/cart			()	()
Ink, HP 678, colored	cart	10	450.00/cart			()	()
Ink, HP 680, black	cart	30	500.00/cart			()	()
Ink, HP 704, black	cart	20	450.00/cart			()	()
Ink, HP 704, colored	cart	20	450.00/cart			()	()
Presenter, OS Support: Windows 7, Windows 8, & Windows 10, working distance: 10m standard, wireless technology: 2.4 GHz	pc.	1	2,500.00/pc.			()	()
<i>Note: Please specify the brand or provide sample/pictures of the item being offered.</i>							
TOTAL AMOUNT IN WORDS : _____							

Other Requirements:

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 _____

TIN #: _____ (Please specify if VAT or NON-VAT)

Address: _____ Email Address: _____

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

Date: _____