



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, Office, IT and Electrical Supplies and Office Equipment for the 1<sup>st</sup> Quarter**.

|  |  |
|--|--|
| Name of Project                          | Supply and Delivery of Janitorial, Office, IT and Electrical Supplies and Office Equipment for the 1 <sup>st</sup> Quarter |
| Solicitation (If posted at the PhilGEPS) | 0700-2017-02-001   |
| Purchase Request No.                     | 0700-2017-02-007   |
| Location                                 | Cebu City  |
| Brief Description                        | Electrical Supplies for the 1 <sup>st</sup> Quarter  |
| Quantity                                 | See page 2 of the RFQ  |
| Approved Budget for the Contract (ABC)   | ₱ 1,500.00 (Category E – Electrical Supplies)  |
| Contract Duration                        |  |
| Date of Delivery                         | Within March 1-17, 2017  |

Please quote your **best price** on the item/s listed below and submit personally your **SEALED QUOTATION** on or before **February 28, 2017, 5:00 p.m.** through the address below or through telefax nos. **(032)412-6794 / 256-0470** 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. Late submission of quotation shall not be accepted.
4. Bids exceeding the ABC shall be disqualified.
5. The Lowest Calculated Responsive 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 as follows:
  - Mayor's/Business Permit
  - PhilGEPS Registration Number/Certificate
6. Award of contract shall be made to the Lowest Calculated Responsive Bidder and that it complies with the specifications and other terms and conditions as stated in the RFQ.
7. 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.
8. 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<br>(minimum)   | Unit | Qty. | Approved<br>Budget<br>Cost<br>(ABC) | Unit Price<br>(in Peso)<br>Please<br>indicate your<br>offer/price<br>here. | Total Amount<br>(VAT<br>inclusive) | Compliance<br>with Technical<br>Specifications<br>(please check) |     |
|---|------|------|-------------------------------------|--|------------------------------------|--|-----|
|   |      |      |                                     |  |                                    | YES  | NO  |
| Flourescent tube, LED, 28 watts or<br>equivalent  | pc   | 5    | 100.00                              |  |                                    | ( )  | ( ) |
| Flourescent tube, LED, 36 watts or<br>equivalent  | pc   | 10   | 100.00                              |  |                                    | ( )  | ( ) |
| <i>Note: Please specify the brand or<br/>provide sample/pictures of the item<br/>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: \_\_\_\_\_