

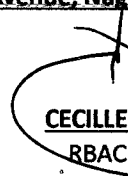


REQUEST FOR QUOTATION

The Philippine Statistics Authority (PSA) through its Bids and Awards Committee (BAC) will undertake Small Value Procurement as Alternative Modes of Procurement in procuring Catering Services for the Provincial Level Training of the 2024 POPCEN-CBMS Geotagging of Service Facilities and Government Projects from February 24-27, 2025 with the following details:

Name of Project	Catering Services for the Provincial Level Training of the 2024 POPCEN-CBMS Geotagging of Service Facilities and Government Projects from February 24-27, 2025
Solicitation	2025-02-016-CS
Location	PSA Camarines Sur Provincial Statistical Office
Brief Description	(See Bid Form, Page 2)
Quantity	(See Bid Form, Page 2)
Approved Budget for the Contract (ABC)	Php 65,880.00
Contract Duration	February 24-27, 2025

Please quote your **Lowest Price** on the item/s listed below and submit your **SEALED QUOTATION** not later than **10:00 am on February 21, 2025** at **PSA Camarines Sur Provincial Statistical Office, #774 Panganiban Avenue, Naga City.**


CECILLE A. BRIONES
RBAC Chairman

Terms and Conditions:

1. Only the suppliers registered at the Philippine Government Electronic Procurement System (PhilGEPS) shall be allowed to submit the quotation.
2. Supplier must be an authorized re-seller of original equipment manufacturer.
3. All entries must be typewritten/printed legibly in the Bid Form. Failure to use this form will result to disqualification of your bid.
4. Late submission of quotation shall not be accepted.
5. Bids exceeding the ABC shall be disqualified.
6. The lowest bidder shall be informed immediately and shall be asked to submit the following requirements within three days after the opening of bids or during post qualification:
 1. Mayor's/Business Permit
 2. PhilGEPS Registration Number
 3. Omnibus Sworn Statement
7. 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.
8. Terms of Payment shall be made through check payable to the supplier.
9. 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.

BID FORM

Item/s and Specification/s (Minimum)	Unit	Qty	Unit Price	Total Amount (VAT inclusive)	Compliance with Technical Specifications (please check)	
					YES	NO
Catering Services for the Provincial Level Training of the 2024 POPCEN-CBMS Geotagging of Service Facilities and Government Projects from February 24-27, 2025						
February 24, 2025 AM Snacks, Lunch, PM Snacks	pax	40	P _____	P _____	()	()
February 25, 2025 AM Snacks, Lunch, PM Snacks	pax	40	P _____	P _____	()	()
February 26, 2025 AM Snacks, Lunch, PM Snacks	pax	21	P _____	P _____	()	()
February 27, 2025 AM Snacks, Lunch, PM Snacks	pax	21	P _____	P _____	()	()
			Total	P _____		
<i>*Meals on the 2nd day onwards will be based on actual headcount per day</i> <i>*Meals to be served are through buffet serving with free-flowing coffee</i>				Total amount in words		
<i>Specs</i> <i>Packaging: Recyclable (e.g. carton or paper-made materials, wooden spoon and cups, paper cups paper straw)</i>						
<i>Note: Food service and packaging shall be in compliance with the Office Memorandum No. 2023-178, entitled Guidelines on the Procurement of Meals and Catering Services for PSA Meetings, Events, and Other Activities, mandating the use of Ecologically Sustainable Products or Packaging Materials and Prohibition on the use of Styrofoam and Single-use Plastics.</i>						
<i>Please see attached specifications</i> <i>For official use of PSA Camarines Sur</i> xxxxx						

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 and Signature of authorized representative: _____

Position: _____

Name of Company: _____

Address: _____

Email Address: _____

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

LBP Account Number of Establishment: _____

Date: _____

Do you have Mayor's/Business Permit ? Yes No

Philgeps Registration? Yes No

Printed Name and Signature of Canvasser: _____