



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

REQUEST FOR QUOTATION

The Philippine Statistics Authority (PSA) **Regional Statistical Services Office (RSSO) MIMAROPA Statistical Operations and Coordination Division (SOCD)**, through Regional Office-Bids and Awards Committee (RO-BAC) will undertake alternative mode of procurement – **Small Value Procurement** pursuant to the provisions of R.A. 9184, to wit;

Name of Project	Projector
Solicitation	2020-11-773
Place of Delivery	Calapan City, Oriental Mindoro
Brief Description	Projector
Quantity	5 units
Approved Budget for the Contract (ABC)	P 175,000.00
Date of Delivery	December 1-11, 2020

Please quote your **lowest price** on the attached bid form and submit personally your **SEALED QUOTATION not later than 12:00 PM on Thursday, November 19, 2020** at the Civil Registration and Administrative Support Division (CRASD), 2nd Floor, Emerald Building (PRIMA), J.P Rizal St. Camilmil, Calapan City.


VENERANDA F. MENDOZA
PSA-RO-BAC Chairperson

Received by:

Name and Signature: _____

Company: _____

Date: _____

Terms and Conditions:

1. All entries must be written legibly in the Bid Form.
2. Late submission of quotation shall not be accepted.
3. Bids exceeding the ABC shall be disqualified.
4. Requirements:
 - i. Copy of PhilGEPS Registration
 - ii. Mayor's Permit/Business Permit
 - iii. *Income/Business Tax Return (for ABCs above P500K)*
 - iv. *Omnibus Sworn Statement (Emergency Procurement with ABC at least P500,000.00 and for Small Value Procurement with ABC at least P50,000.00)*
5. Award of contract shall be made to the lowest/single calculated and responsive bid.
6. Terms of Payment shall be made through check/ADA payable to the supplier.
7. Warranty shall be for a period of six (6) months for goods and one (1) year for equipments from date of acceptance by the procuring entity.
8. Price validity shall be a period of 30 calendar days for goods and six (6) months for services.
9. Pending the perfection of Purchase Order/Service Agreement/Contract of Service, 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.



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BID FORM

Item/s and specification/s (minimum)	Unit	Qty.	Unit Price	Total Amount (VAT inclusive)	Compliance with Technical Specifications (please check)	
					YES	NO
Projector	unit	5			()	()
Projection Technology: RGB liquid crystal shutter projection system					()	()
White Light Output (Normal/Eco): 3,600lm / 2,235lm					()	()
Colour Light Output: 3,600lm					()	()
USB Interface: USB Type A: 1 (for USB Memory, USB Document Camera, for Wireless LAN Unit, Firmware Update)					()	()
USB Type B: 1 (for USB Display, Mouse, K/B, Control, Firmware Update)					()	()
Analog Input: D-Sub 15pin: 1 (Blue molding)					()	()
Composite: RCA x 1 (Yellow)					()	()
Contrast Ratio: 15,000:1					()	()
Cool Down Period: Instant Off					()	()
Dimension Excluding Feet (W x H x D): 302 mm x 77 mm x 234 mm					()	()
Weight: Approx 2.5kg					()	()
Fan Noise (Normal / Eco): 37dB / 28dB					()	()
LCD: Size: 0.55" (D10)					()	()
Native Resolution: XGA					()	()
Lamp: Type: 210W UHE					()	()
Life (Normal / Eco)¹: 6,000 hours / 10,000 hours					()	()
Resolution, Projectors Facets: XGA					()	()
Maintenance Cycle²: 6,000 hours / 10,000 hours					()	()
*1 Lamp life will vary depending upon mode selected, environmental conditions and usage. Lamp brightness decreases over time.					()	()
*2 When used in the general office environment (the amount of floating dust: 0.04 - 0.2 mg/m3). Based on the in-house test results.					()	()
nothing follows						
TOTAL						

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. _____

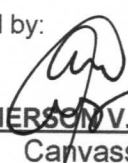
Date: _____

LBP Account No. of Establishment: _____ Name of Payee: _____

Tax Identification Number: _____ Copy of PhilGEPS Registration: _____

BIR Registration: VAT Non-VAT

Canvassed by:


EMERSON V. CAISIP
 Canvasser