



REQUEST FOR QUOTATION

The Philippine Statistics Authority (PSA) through its Bids and Awards Committee (BAC) will undertake Small Value Procurement as Alternative Mode of Procurement for official use of PSA Camarines Sur with the following details:

Name of Project	Catering services for the participants of various AgStat Surveys for 1st Qtr 2024
Solicitation	2023-12-191-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 71,280.00
Contract Duration	(See Bid Form, Page 2)

Please quote your **Lowest Price** on the item/s listed below and submit your **SEALED QUOTATION** not later than **9:00 am on January 9, 2023** 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.

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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
Procurement of Catering services for the participants of various AgStat Surveys for 1st Qtr 2024						
Meals (AM/PM snacks and Lunch)						
Farm Prices Survey (FPS) January 2024 round on January 15, 2024	pax	5	P _____	P _____	()	()
Monthly Palay and Corn Situation Reporting Survey (MPCRS) Feb 2024 on Jan 30, 2024	pax	6	P _____	P _____	()	()
Farm Prices Survey (FPS) February 2024 Round on February 12, 2024	pax	5	P _____	P _____	()	()
Crops Production Survey (CrPS) Feb Round on February 13-14, 2024						
February 13, 2024	pax	22	P _____	P _____	()	()
February 14, 2024	pax	22	P _____	P _____	()	()
Farm Prices Survey (FPS) March 2024 round on March 11, 2024	pax	5	P _____	P _____	()	()
Commercial Livestock and Poultry Survey (CLPS) 1st Qtr 2024 on March 14-15, 2024						
March 14, 2024	pax	6	P _____	P _____	()	()
March 15, 2024	pax	6	P _____	P _____	()	()
Palay Production Survey (PPS) 1st Quarter 2024 Round on March 21, 2024	pax	8	P _____	P _____	()	()
Corn Production Survey (CPS) 1st Quarter 2024 Round on March 22, 2024	pax	11	P _____	P _____	()	()
Redesigned Rice and Corn Stocks Survey Commercial (RCSS:C) for April, May and June 2024 Round on March 25, 2024	pax	9	P _____	P _____	()	()
Enhanced Rice and Corn Stocks Survey: Households (RCSS:H) for April, May and June 2024 Round on March 26, 2024	pax	7	P _____	P _____	()	()
Backyard Livestock and Poultry Survey (BLPS) 1st Qtr 2024 on March 25-26, 2024						
March 25, 2024	pax	10	P _____	P _____	()	()
March 26, 2024	pax	10	P _____	P _____	()	()
xxxxx			Total	P _____		
For official use of PSA-Camarines Sur				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 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 Convasser: _____