



REQUEST FOR QUOTATION

The Philippine Statistics Authority (PSA) **Provincial Statistical Office - Marinduque** 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	Reproduction of Interviewers Manual and Questionnaires for the Conduct of 2024 Functional Literacy, Education and Mass Media Survey Third Level Training
Solicitation	2024-09-0616
Place of Delivery	Boac, Marinduque
Brief Description	Manual and Questionnaires
Quantity	8 sets
Approved Budget for the Contract (ABC)	P 135,144.00
Date of Delivery	September 20, 2024

Please quote your **lowest price** on the attached bid form and personally submit your **SEALED QUOTATION not later than 12:00 PM on Wednesday, September 18, 2024** at PSA PSO Marinduque.

Received by:

Name and Signature: _____

Company: _____

Date: _____

VENERANDA F. MENDOZA
PSA-RO-BAC Chairperson

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.





BID FORM

Item/s and Specification/s (minimum)	Unit	Qty.	Unit Price	Total Amount (VAT inclusive)	Compliance with Technical Specifications (please check)	
					YES	NO
Reproduction of Interviewers Manual and Questionnaires for the Conduct of 2024 Functional Literacy, Education and Mass Media Survey Third Level Training						
Reproduction (Photocopy services)						
Field Interviewers Manual	set	40			()	()
Size: A4						
Number of Pages: 160 (back to back print)						
Inside: Bookpaper 70gsm						
Color Cover: Multi Color						
Color inside: 1 color						
Cover: Foldcote Cal.12						
Binding: Perfect						
Questionnaires	set	40			()	()
Size: 8.5" x 13"						
Size Folded: Oficio						
Bookpaper: 70gsm						
Others: Camera Ready						
Form 1, 8 pages	set	160			()	()
Color: 1 color (black only)						
Cover: Self Covered						
Kind of Binding: Folded Saddle Stitch						
Form 2A, 2 pages (colored)	set	1,726			()	()
Color front: 1 color (black)						
Color Back: 3 color (black, yellow and green)						
Cover: Self covered						
Form 2B, 2 pages	set	1,726			()	()
Color: 1 color (black only)						
Cover: Self Covered						
Form 2C, 3 pages (colored)	set	5,178			()	()



Color page 1-2: 1 color (black)						
Color page 3: 3 color (black, yellow and red)						
Cover: Self covered						
Kind of Binding: Folded						
Form 2D, 7 pages (multi color)	set	330			()	()
Cover: Self Covered						
Kind of Binding: Folded Saddle Stitch						
Form 3, 10 pages (black and white)	set	160			()	()
Color: 1 color (black only)						
Cover: Self Covered						
Kind of Binding: Folded Saddle Stitch						
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. _____

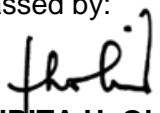
Date: _____

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

Tax Identification Number: _____ Copy of PhilGEPS Registration No.: _____

BIR Registration: ☐ VAT ☐ Non-VAT

Canvassed by:


PURITA H. OLIVAR
 Canvasser

