

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 RSSO V with the following details:

Name of Project	Labor for the Repair and Maintenance of PSA V Building Roofing, Ceiling and Waterproofing.				
Solicitation	2025-0 g-010 -CRASD				
Location	PSA RSSO V				
Brief Description	(See Bid Form, Page 2)				
Quantity	(See Bid Form, Page 2)				
Approved Budget for the Contract (ABC)	Php 150,000.00				
Contract Duration	30 days upon receipt of PO/Notice to Proceed				

Please quote your Lowest Price on the item/s listed below and submit your SEALED QUOTATION not later than 12:00PM, June 26, 2025 at the 2/F PSA Building, Regional Government Center, Rawis, Legazpi City.

RBAC Chairperson

Terms and Conditions:

- Only the suppliers registered at the Philippine Government Electronic Procurement System (PhilGEPS) shall be allowed to submit the quotation.
- 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 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 Permit
 - 2. PhilGEPS Registration Number
 - 3. Omnibus Sworn Statement
 - 4. Income Tax Return
- 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.
- 7. Terms of Payment shall be made through check payable to the supplie
- 8. 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.

PHILIPPINE STATISTICS AUTHORITY REQUEST FOR QUOTATION

BID FORM

Item/s and Specification/s (Minimum)	Unit	Qty	Unit Price	Total Amount (VAT inclusive)	Compliance with Technical Specifications (please check) YES NO		lease	
Labor for the Repair and Maintenance	CDCA V D.	(14: DC-	- 6.7.			ES	LIN	U
	DI PSA V BU	naing Room	g, Ceiling and W	aterprooting.				
Coverage:					100			
1. Atrium @ Wellness Room (Approx. 90 sqm)		E .						
2. Atrium @ IT Room (Approx. 54 sqm)		612						
3. Conferene Room (Approx. 2sqm)			Variation of					14
4. General Roofing (Approx. 2 GI Sheet)			- 1 1981		1		14.5	
5. Warranty and Maintenance Guidance				1 THE EAR OF	7 5		M	
1. Scope of work: Atrium @ Wellness Room & Server Room	lot	1	P	P	()	()
Repair of concrete cracks and scaling (Approx. 144sqm)								v 14
Removal of existing waterproofing system (Approx. 144sqm)				A see a see				
Application of new waterproofing system (Approx. 144sqm)			1900	4 35 1	5		- 1	
Removal and replacement of GI corner flashing (Approx. 22.4	4m)			4.4				
2. Scope of work: Conference Room	lot	1	P	P	1	,	,	,
Removal and replacement of damaged ceiling (2 sqm)	101					-	,	-
Painting Works (2 sqm)					WIE			Til
				4 C 19 M				
3. Scope of work: General Roofing	lot	1	P	P	()	()
Conduct thorough inspection of the existing roofing system to						. 10	7.	
its condition, identifying areas of damage, wear, and potent							113	1
Application of sealant/waterproofing on GI sheets with water	leaks (Appro	x 2 GI Sheet)						
W								
Warranty & Maintenance Guidance:								
Provide a warranty on both the materials used and the workmanship.			,					
Offer maintenance recommendations and guidance to help prolong the	ne life of the	r001.						
Note: See Attached Terms of Reference				The second second				
Note: See Attached Terms of Reference								
			Total	P	-0.5-			
				Total amount in words:				
For official use of PSA RSSO V						100		M
Other requirements:				-				
After having carefully read and accepted your Terms and Conditi	ons. I/We quote	e you on the iter	n at prices noted abo	ove.				
Printed Name and Signature of authorized representative:								
Position:								
Name of Company:								
Address:		Email Address:						
Tel/Fax No.:Cellphone No.:								
LBP Account Number of Establishment:								
Date:								
Do you have Mayor's/Business Permit ?YesNo			Philgeps Regi	stration?Yes!	10			

Printed Name and Signature of Canvasser: