

## REQUEST FOR QUOTATION

procure	e	Various Office Sup	plies				
which s	shall be undertaken in accordance with		Section 52.1 (b) (Shopping)				
of the 2016 Revised Implementing Rules and Regulations of Republic Act No. 9184, with an Approved Budget of the  Three Hundred Thirty Nine Thousand Five Hundred Pe							
Contrac	ct (ABC) in the amount of 339,500.0		Only				
Please quote your best offer for the item/s described herein, subject to the Terms and Conditions provided							
below. Submit your quotation duly signed by you or your duly authorized representative <b>not later than</b>							
<u>· 15</u>	SEP 2022 at III DO AM	through email at	<u>bac-secretariat@psa.gov.ph</u> and				
bacsecret	etariat.psa@gmail.com.						
For any clarification, you may contact us at telephone no. (02) 8374-8263 or email address at							
gsdprocu	curement.psa@gmail.com		and a direct				
			Mangminas				
		. (1	MINERVA ELOISA P. ESQUIVIAS				
	TE	$\sim$	hairperson, Bids and Awards Committee				
1	TEF Bidders shall provide correct and accurate information red	RMS AND CONDITIONS duited in this form	<b>;</b>				
2	Price quotattion/s must be valid for a period of thirty (30)	' 1/	of submission				
3	Price quotation/s, to be denominated in Philippine peso, s						
4	Quotations exceeding the ABC shall be rejected.	The contract of the contract o	11000 101100 pay 2222.				
5	Award of contract shall be made to the lowest quotation which complies with the technical specifications, and other terms and conditions stated herein. This procurement project is to be awarded by lot.						
6	Any interlineations, erasures or overwriting shall be valid of	only if they are signed or initial	led by you or your duly authorized representative.				
7	In case of two or more bidders are determined to have submitted the LCRB, the PSA shall adopt and employ "draw lots" as the tie-breaking method to finally detrmine the single winning bidder in accordance with GPPB Circular 06-2005.						
8	The item/s shall be delivered according to the requiremen	•					
9	The PSA shall have the right to inspect and/or test the good	ods to confirm their conformity	y to the Technical Specifications.				
10	Payment shall be made after delivery and upon submission of the required supporting documents, i.e. Order Slip and/or Billing Statement, by the supplier. Our Government Servicing Bank, Land Bank of the Philippines, shall credit the amount due to the identified bank of the supplier not earlier than twenty four (24) hours, but not later than forty eight (48) hours, upon receipt of our advice. Please note that the corresponding bank transfer fee, if any, shall be chargeable to the account of the supplier.						
11	Liquidated damages equivalent to one tenth (1/10) of one percent (1%) of the value of the goods not delivered within the prescribed period shall be imposed per day of delay. The PSA shall rescind the contract once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, without prejudice to other courses of action and remedies open to it.						
	Documents to be submitted	Degdina	Remarks				
Copy of the 20	Not later the 2022 Mayor's/Business Permit and valid PhilGEPS Registration at	1110 - 4-4	In case not yet available, you may submit your expired Mayor's/Permit with Official  Receipt of renewal application. However, a copy of your 2022 Mayor's/Business Permit shall be required to be submitted after award of contract but before payment.				

PSA Complex, East Avenue, Diliman, Quezon City, Philippines 1101 Telephone: (632) 8938-5267 www.psa.gov.ph

RECEIVED **GSD Procurement** 

DML Name: \_

## REQUEST FOR QUOTATION PR No. 22-08-1451

After having carefully read and accepted the Terms and Conditions, I/We submit our quotation/s for the item/s as follows: Compliance with Total Technical Amount Unit Unit Specifications (pls. Item(s) and Specification(s), minimum Quantity Price (VAT check) Inclusive) Yes Nο Data Card 534000-006 Color Ribbon and Cleaning kit YMCKT-KT -15 box 300 prints Data Card Secure Globe Top Coat box 10 ID PVC Card box 12 Lamination Security Hologram (roll) 3 roll X-X-X-X-X-X Total amount in words:

Printed name of the authorized representative:		Signature:		
Name of Company:		Position:		
Address:		Email ad	idress:	
Fax No.;	Tel. No.:	Mobile No.:		
Date:				