REQUEST FOR QUOTATION

The **Philippine Statistics Authority (PSA)** through the Bids and Awards Committee (BAC), intends to
procure _____**PRINTRONIX 8000/P7000 Standard Life**_____
which 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
Contract (ABC) in the amount of ___**Php 109,624.00**___ ___*One Hundred Nine Thousand Six Hundred Twenty Four Pesos*___

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 **not later than**
__**17 6 DEC 2022**__ at ___**11:00 AM**___ through email at bac-secretariat@psa.gov.ph and bacsecretariat.psa@gmail.com

For any clarification, you may contact us at telephone no. **(02) 8374-8263** or email address at
gsdprocurement.psa@gmail.com

MINERVA ELOISA P. ESQUIVIAS
Chairperson, Bids and Awards Committee

TERMS AND CONDITIONS

1 Bidders shall provide correct and accurate information required in this form.
2 Price quotattion/s must be valid for a period of **thirty (30) calendar days** from the date of submission.
3 Price quotation/s, to be denominated in Philippine peso, shall include all taxes, duties and/or levies payable.
4 Quotations exceeding the ABC shall be rejected.
5 Award of contract shall be made to the lowest calculated and responsive bid (LCRB).
6 Any interlineations, erasures or overwriting shall be valid only if they are signed or initialed 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 requirements specified in the Purchase Request (PR).
9 The PSA shall have the right to inspect and/or test the goods to confirm their conformity 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 preiudice to other courses of action and remedies open to it.

Documents to be submitted	Deadline	Remarks
Copy of the 2022 Mayor's/Business Permit or valid PhilGEPS Registration	Not later than **17 6 DEC 2022** at 11:00 AM together with the quotation	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.**

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

RECEIVED
GSD Procurement
Name: _____
Date: _____
Time: _____

REQUEST FOR QUOTATION
PR No.   22-12-2018

After having carefully read and accepted the Terms and Conditions, I/We submit our quotation/s for the item/s as follows:

Item(s) and Specification(s), minimum	Unit	Quantity	Unit Price	Total Amount (VAT Inclusive)	Compliance with Technical Specifications (pls. check)	
					Yes	No
PRINTRONIX 8000/P7000 Standard Life	pcs	20				
Total amount in words:						

Printed name of the authorized representative: _____ Signature: _____

Name of Company: _____ Position: _____

Address: _____ Email address: _____

Fax No.: _____ Tel. No.: _____ Mobile No.: _____

Date: _____