



Republic of the Philippines
PHILIPPINE STATISTICS AUTHORITY
Regional Statistical Services Office VII

REQUEST FOR QUOTATION

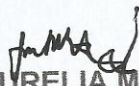
The Philippine Statistics Authority-Regional Statistical Services Office VII (PSA-RSSO VII) through its Bids and Awards Committee (BAC) will undertake alternative mode of procurement, **Small Value Procurement** for the **Procurement of ICT Equipment for PSA Negros Oriental P.O.**

| | |
|---|---|
| Name of Project | Procurement of ICT Equipment for PSA Negros Oriental P.O. |
| Solicitation (If posted at the PhilGEPS) | 0700-2018-11-054 |
| Purchase Request No. | 0746-2018-08-0038 |
| Location | Dumaguete City |
| Brief Description | See page 2 of the RFQ |
| Quantity | See page 2 of the RFQ |
| Approved Budget for the Contract (ABC) | ₱ 355,850.00 |
| Contract Duration | |
| Date of Delivery | |

Please quote your **best price** on the item/s listed below and submit personally your **SEALED QUOTATION** on or before **November 12, 2018 (Monday), 5:00 p.m.** through the address below or through telefax nos. (032)412-6794 / 256-0470 or through email address (psa07.rbac@gmail.com):

*Bids and Awards Committee (BAC)
Philippine Statistics Authority – RSSO VII
Gaisano Capital South Bldg, Colon St. Cebu City*

*Attn.: Mr. Cayylord D. Niala
BAC Secretariat
Contact Nos.: (032)412-6794/256-0592*


AURELIA M. CANDIA
BAC Chairperson

Terms and Conditions:

1. Only the suppliers registered at the Philippine Government Electronic Procurement System (PhilGEPS) shall be allowed to submit the quotation.
2. All entries must be typewritten/printed legibly in the Bid Form. Failure to use this form will result to disqualification of your bid.
3. The following documentary requirements must be submitted during submission of the bid form / quotation:

- Mayor's/Business Permit
- PhilGEPS Registration Number/Certificate
- Income/Business Tax Return
- Omnibus Sworn Statement

Note: If the abovementioned documents were already submitted, re-submission may no longer be required unless a certain document has already expired.

4. Late submission of quotation shall not be accepted.
5. Bids exceeding the ABC shall be disqualified.
6. The Lowest Calculated and Responsive Bidder shall be informed immediately.
7. Award of contract shall be made to the Lowest Calculated and Responsive Bidder and that it complies with the specifications and other terms and conditions as stated in the RFQ.
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.
9. Mode of payment shall be made either through check or Advice to Debit Account (ADA) to the supplier.

BID FORM

| Item/s and specification/s (minimum) | Unit | Qty. | Approved Budget Cost (ABC) Per Unit | Unit Price (in Peso) Please indicate your offer/price here. | Total Amount (VAT inclusive) | Compliance with Technical Specifications (please check) | |
|---|------|------|---|--|------------------------------------|--|-----|
| | | | | | | YES | NO |
| Operating System, Windows 10, 64 bit, Pro | Unit | 3 | 10,000.00 | | | () | () |
| MS Office 2016, Home and Business FPP | Unit | 21 | 12,350.00 | | | () | () |
| Printer, all-in-one, ink tank, 5760 x 1440dpi, up to 33 ppm/15 ppm for draft, A4 (black/ colour), up to 10 ipm/ 5.0 ipm for ISO 24734, A4 Simplex (black/colour) borderless, printing up to 4R | Unit | 5 | 8,000.00 | | | () | () |
| Biometric Fingerprint time Attendance System, LCD display: 3" TFT screen, log capacity: 100,000, verification speed (1:1): ≤0.5s, identification speed (1:N): ≤1s, print function, 9-PIN user ID, ID card reader, MIFARE card reader, WIFI, ADMS (Automatic data master server) | Unit | 1 | 10,500.00 | | | () | () |
| LAN Card | Unit | 2 | 2,000.00 | | | () | () |
| WIFI Router/wireless router, 1200 Mbps | Unit | 2 | 3,000.00 | | | () | () |
| Wireless WiFi USB Adapter, 600 Mbps, dual band | Unit | 20 | 300.00 | | | () | () |
| 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 of authorized representative/Signature_____

Position: _____

Name of Company _____

TIN #: _____ (Please specify if VAT or NON-VAT)

Address: _____ Email Address: _____

Fax No. _____ Tel No.: _____ Cellphone No. _____

Date: _____