



Republic of the Philippines  
**PHILIPPINE STATISTICS AUTHORITY**  
Region 7 – Central Visayas

**REQUEST FOR QUOTATION**

RFQ # 2020-09-216

16 September 2020

The Philippine Statistics Authority-Region 7 (PSA-RO 7) through its Bids and Awards Committee (BAC) will undertake alternative mode of procurement, **Shopping** for the procurement of **Printer toners for the PhilSys Operation**.

<b>Name of Project</b>	Philippine Identification System (PhilSys) Coordination and Pre-registration
<b>Solicitation</b> (If posted at the PhilGEPS)	0700-2020-09-057
<b>Purchase Request No.</b>	0712-2020-09-26
<b>Location</b>	Tagbilaran City, Bohol
<b>Brief Description</b>	Printer Toners for the PhilSys Operation
<b>Quantity</b>	Toner Cart, HP CB435A(HP35A), Black – 3 units Toner Cart, HP CE285A(HP85A), Black – 7 units Samsung Toner Cartridge ML-D4550B for printer ML 4050N – 1 unit HP Toner 17A – 3 units
<b>Approved Budget for the Contract (ABC)</b>	Toner Cart, HP CB435A(HP35A), Black – P3,800.00/ unit Toner Cart, HP CE285A(HP85A), Black – P3,800.00/ unit Samsung Toner Cartridge ML-D4550B for printer ML 4050N – P10,000.00/ unit HP Toner 17A – P3,800.00/ unit
<b>Contract Duration</b>	5 – 10 days from receipt of Purchase Order
<b>Date of Delivery</b>	5 – 10 days from receipt of Purchase Order


Please quote your **best price** on the item/s listed below and submit personally your **SEALED QUOTATION** on or before **21 September 2020, 5:00 PM** through the address below or through email address (psa07.rbac@gmail.com):

*Region 7 Bids and Awards Committee (R07 BAC)  
Philippine Statistics Authority – RSSO VII  
Gaisano Capital South Bldg, Colon St. Cebu City*

*Attn.: Mr. Cayylord D. Niala / Ms. Melita C. Jomud / Ms. Irish B. Velasco  
R07 BAC Secretariat  
Contact Nos.: (032)412-6794/254-0470 (telefax)  
Email address: psa07.rbac@gmail.com*

OR

*Philippine Statistics Authority – Bohol Provincial Statistical Office  
Galleria Luisa, Gallares St., Tagbilaran City  
Attn.: Ms. Blecila M. Paredes  
Secretariat  
Contact Nos.: (038)5010996*

  
**EDWINA M. CARRIAGA**  
CAO/Chairperson, RO 7 BAC

**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. Bidders shall provide correct and accurate information required in this form.
4. Bidders may quote for any or all the items.
5. Any interlineations, erasures or overwriting shall be valid only if they are signed or initialed by you or your duly authorized representative/s.
6. Late submission of quotation shall not be accepted.
7. Bids exceeding the ABC for each item/lot shall be disqualified.
8. Award of contract shall be made to the Lowest Calculated and Responsive Bidder which complies with the specifications and other terms and conditions as stated herein.
9. The Lowest Calculated and Responsive Bidder shall be informed immediately.
10. In case of two or more bidders are determined to have submitted the Lowest Calculated Quotation / Lowest Calculated and Responsive Quotation, the PSA shall adopt and employ **“draw lots”** as the tie-breaking method to finally determine the single winning provider in accordance with GPPB Circular 06-2005.
11. The item/s shall be delivered according to the requirements specified in the Technical Specifications.
12. The PSA shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
13. The following documentary requirements must be submitted prior to payment:
  - *Mayor’s/Business Permit*
  - *PhilGEPS Registration Number/Certificate*
  - *Income/Business Tax Return (for ABCs above P500K)*
14. 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.
15. Mode of payment shall be made either through check or Advice to Debit Account (ADA) to the supplier.
16. Liquidated damages equivalent to one tenth of one percent (0.1%) of the value of the goods not delivered within the prescribed delivery 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 to it.

BID FORM

IMPORTANT NOTES/INSTRUCTIONS:

- 1. Make sure to read the Terms and Conditions stated in the Request for Quotation before filling out this form.
- 2. Use this form for your quotation. Additional bidder’s proposal can also be attached to this form.
- 3. Ensure to check the “Compliance with Technical Specifications” Column.
- 4. Submit your bid in any of the following:
  - a. Sealed in an envelope, or
  - b. Email to [psa07.rbac@gmail.com](mailto:psa07.rbac@gmail.com) only
- 5. Failure to follow these instructions will result to the disqualification of your entire quotation/bid.

Item No.	Item/s and specification/s (minimum)	Unit	Qty.	Approved Budget for the Contract (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
1	Toner Cart, HP CB435A(HP35A), Black	Cart	3	3,800.00			( )	( )
2	Toner Cart, HP CE285A(HP85A), Black	Cart	7	3,800.00			( )	( )
3	Samsung Toner Cartridge ML-D4550B for printer ML 4050N – 1 unit	Cart	1	10,000.00			( )	( )
4	HP Toner 17A – 3 units	Cart	3	3,800.00			( )	( )
	Terms and Condition:							
	1. <b>Payment:</b> SEND BILL ARRANGEMENT or payment will be collected within 15-30 days after receipt of the billing statement and complete set of documentary requirements						( )	( )
	2. Price quotation/s validity: Must be valid for a period of thirty (30) calendar days from the date of submission.						( )	( )

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: \_\_\_\_\_