## REGION V-BICOL

## REQUEST FOR QUOTATION

The Philippine Statistics Authority (PSA) through its Bids and Awards Committee (BAC) will undertake:
SHOPPING
as Alternative Modes of Procurement for official use of PSA Camarines Norte with the following details:

| Name of Project |  |
| :--- | :--- |
| Procurement of Airconditiong Units for PSA Camarines Norte PSO. |  |
| Location | $2023-12-100-\mathrm{CN}$ |
| Brief Description | PSA Camarines Norte |
| Quantity | (See Bid Form, Page 2) |
| Approved Budget for the Contract (ABC) | (See Bid Form, Page 2) |
| Contract Duration | Php543,000.00 |

Please quote your Lowest Price on the item/s listed below and submit your SEALED QUOTATION not later than 12:00PM,
December 26, 2023 at the PSA Camarines Norte, 2nd FIr. LRJ BIdg. III, J. Lukban St. cor Carlos II St., Daet, Camarines Norte.


## 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. Late submission of quotation shall not be accepted.
4. Bids exceeding the $A B C$ 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:
6. Mayor's/Business Permit Permit
7. PhilGEPS Registration Number
8. 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.
9. Terms of Payment shall be made through check payable to the supplie
10. 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.

BID FORM


## 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 and Signature of authorized representative: $\qquad$
Position: $\qquad$
Name of Company: $\qquad$
Address: $\qquad$ Email Address: $\qquad$
Tel No./Fax No.: $\qquad$ Cellphone No.: $\qquad$
LBP Account Number of Establishment: $\qquad$

Date: $\qquad$
Do you have Mayor's/Business Permit? $\qquad$ Yes $\qquad$ No $\qquad$ Yes $\qquad$ No
$\qquad$

