




REPUBLIC OF THE PHILIPPINES
PHILIPPINE STATISTICS AUTHORITY
REGION V – BICOL

REQUEST FOR QUOTATION

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

Name of Project	Catering Services for the conduct of convening for City/Municipality and Provincial CBMS Coordinating Board for the 2024 Community-Based Monitoring System (CBMS)
Solicitation	2024-01-002-CS
Location	PSA Camarines Sur
Brief Description	Catering Services (2 Snacks and Lunch)
Quantity	<i>see page 2 for details</i>
Approved Budget for the Contract (ABC)	Php 126,450.00
Contract Duration	January 22 -February 9, 2024

Please quote your **Lowest Price** on the item/s listed below and submit your **SEALED QUOTATION** not later than **12:00PM, January 16, 2023** at the **PSA Camarines Sur Provincial Statistical Office, #774 Panganiban Avenue, Naga City.**


CECILLE A. BRIONES
RBAC 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. Late submission of quotation shall not be accepted.
4. Bids exceeding the ABC 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:
 1. Mayor's/Business Permit Permit
 2. PhilGEPS Registration Number
 2. Omnibus Sworn Statement
6. 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.
7. Terms of Payment shall be made through check payable to the supplie
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.

BID FORM

Item/s and Specification/s (Minimum)	Unit	Qty	Unit Price	Total Amount (VAT inclusive)	Compliance with Technical Specifications (please check)	
					YES	NO
Catering Services for the conduct of convening for City/Municipality and Provincial CBMS Coordinating Board for the 2024 Community Based Monitoring System (CBMS)						
To serve snacks:						
January 22, 2024 - Pili	pax	24	P _____	P _____	()	()
January 23, 2024 - Ocampo; Sagñay*	pax	48	P _____	P _____	()	()
January 24, 2024 - Caramoan; Tigaon; Camaligan*	pax	72	P _____	P _____	()	()
January 25, 2024 - Del Gallego; Ragay*	pax	48	P _____	P _____	()	()
January 26, 2024 - Garchitorena; Goa*	pax	48	P _____	P _____	()	()
January 29, 2024 - Iriga City, Pasacao*	pax	48	P _____	P _____	()	()
January 30, 2024 - Laganoy, Presentacion; Gainza*	pax	72	P _____	P _____	()	()
January 31, 2024 - Libmanan; Buhì; Bombon*	pax	72	P _____	P _____	()	()
February 01, 2024 - Lupi; Sipocot; Calabanga*	pax	72	P _____	P _____	()	()
February 02, 2024 - Siruma; Nabua*	pax	48	P _____	P _____	()	()
February 05, 2024 - Bula; Canaman; Cabusao*	pax	72	P _____	P _____	()	()
February 06, 2024 - Naga City; San Fernando*	pax	48	P _____	P _____	()	()
February 07, 2024 - Pamplona; Balatan; Minalabac*	pax	72	P _____	P _____	()	()
February 08, 2024 - Tinambac; Bato; Baao*	pax	72	P _____	P _____	()	()
February 09, 2024 - Provincial CCB*	pax	27	P _____	P _____	()	()
Notes:						
*Tentative date of convening-subject to change						
**Delivery of food/meals at PSA Office must be in individual paper food packaging with utensils						
Nothing Follows						
For official use of PSA Camarines Norte						
			Total		P _____	
					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 and Signature of authorized representative: _____

Position: _____

Name of Company: _____

Address: _____

Email Address: _____

Tel No./Fax No.: _____

Cellphone No.: _____

LBP Account Number of Establishment: _____

Date: _____

Do you have Mayor's/Business Permit ? ___Yes ___No

Philgeps Registration? ___Yes ___No

Printed Name and Signature of Convasser: _____