



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 **General Cleaning and Maintenance Check-up of the Airconditioning Unites of PSA RSSO 7.**

Name of Project	General Cleaning and Maintenance Check-up of the Airconditioning Unites of PSA RSSO 7
Solicitation (If posted at the PhilGEPS)	0700-2017-03-002
Purchase Request No.	0700-2017-03-013
Location	Cebu City
Brief Description	See page 2 of the RFQ
Quantity	See page 2 of the RFQ
Approved Budget for the Contract (ABC)	₱ 72,000.00
Contract Duration	
Date of Delivery	Quarterly Period (See page 2 of the RFQ for the details)

Please quote your **best price** on the item/s listed below and submit personally your **SEALED QUOTATION** on or before **March 13, 2017, 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.: Ms. Irish B. Velasco
BAC Secretariat
Contact Nos.: (032)412-6794/256-0592


ENGR. LEOPOLDO P. ALFANTA JR.
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. Late submission of quotation shall not be accepted.
4. Bids exceeding the ABC shall be disqualified.
5. The Lowest Calculated Responsive Bidder shall be informed immediately and shall be asked to submit additional requirements within three days after the opening of bids or during post qualification as follows:
 - *Mayor's/Business Permit*
 - *PhilGEPS Registration Number/Certificate*
 - *Income/Business Tax Return*
 - *Omnibus Sworn Statement*
6. Award of contract shall be made to the Lowest Calculated Responsive Bidder and that it complies with the specifications and other terms and conditions as stated in the RFQ.
7. 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.
8. 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)	Unit Price (in Peso) Please indicate your offer/price here.	Total Amount (VAT inclusive)	Compliance with Technical Specifications (please check)	
						YES	NO
General Cleaning and maintenance check-up of the following airconditioning units: Split-type wall mounted, 2T (8 units/qtr.) <ul style="list-style-type: none"> • RD's room - 2 • COA - 1 • Quarter 3rd flr. - 5 						()	()
Floor type, 3T (9 units/qtr.) <ul style="list-style-type: none"> • 2nd floor - 5 • EDP - 1 • 3rd floor lobby - 3 						()	()
TERMS & CONDITIONS: 1. Each and every airconditioning unit will be checked and cleaned for a quarterly period. General cleaning and check-up schedule will be as follows: <ul style="list-style-type: none"> • March 2017 - 3rd week • June 2017 - 2nd week • September 2017 - 2nd week • December 2017 - 2nd week • 2. Within the contract period, all materials, consumables and parts shall be provided by the company and will be billed separately. 3. Service report & billing statement must be submitted immediately every after services rendered. 4. Payment will be collected within 10-15 days after receipt of the billing statement.							

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: _____