



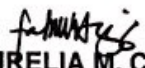
### REQUEST FOR QUOTATION

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 **Catering Services for PSA- Siquijor Provincial Office in the Conduct of 2019 LFS/2018 FIES 2<sup>nd</sup> Visit 3<sup>rd</sup> Level Training.**

<b>Name of Project</b>	<b>Conduct of 2019 LFS/2018 FIES 2<sup>nd</sup> Visit Third Level Training</b>
<b>Solicitation (If posted at the PhilGEPS)</b>	0700-2018-12-065
<b>Purchase Request No.</b>	0761-2018-12-073
<b>Location</b>	Siquijor, Siquijor
<b>Brief Description</b>	See page 2 of the RFQ
<b>Quantity</b>	See page 2 of the RFQ
<b>Approved Budget for the Contract (ABC)</b>	Php 183,600.00
<b>Contract Duration</b>	
<b>Date of Delivery</b>	January 3-5, January 7-9, 2018

Please quote your **best price** on the item/s listed below and submit personally your **SEALED QUOTATION** on or before **26 December 2018, 5:00 PM** through the address below or through the email address ([psa07.rbac@gmail.com](mailto:psa07.rbac@gmail.com)):

*Bids and Awards Committee (BAC)*  
Philippine Statistics Authority – RSSO VII  
Gaisano Capital South Bldg, Colon St. Cebu City  
Attn.: **Mr. Caylord D. Niala/Ms. Ann Emilyn S. Eballo/  
Ms. Melita Jomoad/Ms. Leslie Marie Zuasula**  
RBAC Secretariat  
Contact Nos.: (032)412-6794/256-0592

  
**AURELIA M. CANDIA**  
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. 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**

NOTE: Please DON'T forget to check the "Compliance with Technical Specifications" Column. Non-compliance will result to disqualification of your bid.

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
<b>Meals (buffet breakfast, lunch and dinner with AM/PM snacks) good for 36 persons per day for the conduct of 2019 LFS/2018 FIES on Jan. 3-5, 2018 and Jan. 7-9, 2018.</b>  <b>Inclusions:</b>  *Meals (buffet breakfast, Lunch and dinner)--rice, soup, appetizer, 3 main courses, 1 dessert (fruits) and drinks (preferably fresh juices)  *AM snacks and PM snacks (Native kakanin)  *free flowing coffee/choco/tea  *candies/fingerfoods  <b>Note:</b> -Please attached your menu upon submission of your quotation.	pax	216	850.00			( )	( )
						( )	( )
						( )	( )
						( )	( )
						( )	( )
<b>TOTAL AMOUNT IN WORDS :</b> _____ _____							

**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: \_\_\_\_\_