

REQUEST FOR QUOTATION

The Philippine Statistics Authority (PSA) through its Bids and Awards Committee (BAC) will undertake shopping as mode of procurement with the following details:

Name of Project	Polo Shirt
Solicitation	18-03-021- SOCD
Location	Legazpi City
Brief Description	Color Yellow & navy blue
Quantity	Please see attached specifications
Approved Budget for the	
Contract (ABC)	P100,100.00
Contract Duration	

Please quote your lowest price on the item/s listed be QUOTATION not later than 10:00 AM on Flr. Albay Capitol Annex Bldg. 1, Legazpi City	elow and submit personally your SEALED at the Administrative Division, 2 nd
	ANABELLA D. BARQUILLA RBAC Chairman

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 additional requirements within three days after the opening of bids or during post qualification.
- 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 supplier.
- 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.

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BID FORM

Item/s and specification/s (minimum)	Unit	Qty.	Unit Price	Total Amount (VAT inclusive)	with Te Specifi	chnical cations check)
Polo Shirt – navy blue	Рс	130			()	()
Polo Shirt – yellow Xxxx	рс	156			()	()
Other Requirements:				Total amount in words:		

After having carefully read and accepted your Terms and Conditions. I/We quote you on the item at prices noted above.

noted above.				
Printed Name of authori	zed representative/Signa	ture		
Position:				
Name of Company				
Address:	dress:Email Address:			
Fax No	Tel No.:	Cellphone No		
Date:				
LBP ACCOUNT NUMBE	ER OF ESTABLISHMENT	「:		
Printed Name & Signatu	re of Canvasser:			