



**REQUEST FOR QUOTATION**

RFQ # 0722-2022-10-024

13 October 2022

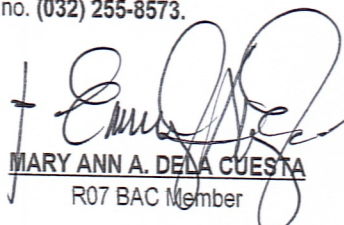
The Philippine Statistics Authority-Region 7 (PSA-R07) through its Bids and Awards Committee (BAC) will undertake Alternative Mode of Procurement, **Shopping** for **PPE Supplies for the 2023 Geo-enabled Master Sample: Primary and Secondary Sampling Unit Validation Operations for PSA Cebu.**

|  |   |
|--|---|
| Name of Project                          | 2023 Geo-enabled Master Sample: Primary and Secondary Sampling Unit Validation Operations   |
| Solicitation (If posted at the PhilGEPS) | 0700-2022-10-140  |
| Purchase Request No.                     | 0722-2022-09-061  |
| Location                                 | PSA-Cebu Provincial Statistical Office, 2/F Martina Sugbu Center, P. Burgos St., Cebu City. |
| Brief Description                        | see page 3 for detailed description   |
| Quantity                                 | see page 3 for detailed quantity  |
| Approved Budget for the Contract (ABC)   | Php62,640.00  |
| Contract Duration                        | 3-5 days after receipt of P.O   |
| Date of Delivery                         | 3-5 days after receipt of P.O   |

Please quote your best price for the item described herein, subject to the Terms and Conditions provided in this RFQ. Submit your sealed quotation duly signed by you or your duly authorized representative personally not later than **19 October 2022, 12:00 PM** through the address **2/F Martina Sugbu Center, P. Burgos St., Cebu City.**

**Note: Online submission of accomplished bid form/s will not be accepted.**

For any clarification, you may contact **Ms. Cynthia A. Pohaness/Ms. Farrah Canasa/Ms. Ryke T. Hermoso** at telephone no. **(032) 255-8573**.

  
**MARY ANN A. DELA CUESTA**  
R07 BAC Member

**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. Bidders shall provide correct and accurate information required in this form.
4. Bidders may quote for any or all lots and must quote all the items under a specific lot.
5. Any interlineations, erasures or overwriting shall be valid only if they are signed or initialed by you or your duly authorized representative/s.
6. Late submission of quotation shall not be accepted.
7. Bids exceeding the ABC for each item/lot shall be disqualified.
8. Award of contract shall be made to the Lowest Calculated and Responsive Bidder which complies with the specifications and other terms and conditions as stated herein.
9. The Lowest Calculated and Responsive Bidder shall be informed immediately.

**PHILIPPINE STATISTICS AUTHORITY**

**Region 7 – Central Visayas**

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10. In case of two or more bidders are determined to have submitted the Lowest Calculated Quotation/Lowest Calculated and Responsive Quotation, the PSA shall adopt and employ "drawlots" as the tie-breaking method to finally determine the single winning provider in accordance with GPPB Circular 06-2005.

11. The item/s shall be delivered according to the requirements specified in the Technical Specifications.

12. The PSA shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.

13. The following documentary requirements must be submitted prior to issuance of Purchase Order/Contract:

- *Valid Mayor's/Business Permit*
- *PhilGEPS Registration Number/Certificate*

14. 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.

15. Payment shall be made after delivery and upon the submission of the required supporting documents, i.e. documentary requirements mentioned above (item no. 13), billing statement from the supplier. Our Government Servicing Bank, i.e. the Land Bank of the Philippines, shall credit the amount due to the supplier's identified bank account not earlier than twenty-four (24) hours, but not later than forty-eight (48) hours, upon receipt of our advice.

16. Liquidated damages equivalent to one tenth of one percent (0.1%) of the value of the goods not delivered within the prescribed delivery period shall be imposed per day of delay. The PSA shall rescind the contract once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, without prejudice to other courses of action and remedies to it.



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**IMPORTANT NOTES/INSTRUCTIONS:**

1. Make sure to read the Terms and Conditions stated in the Request for Quotation before filling out this form.
2. Use this form for your quotation. Additional bidder's proposal can also be attached to this form.
3. Accomplish this form correctly and accurately.
4. Do not alter the contents of this form in any way.
5. All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
6. Ensure to indicate the price for the whole lot and the unit price per unit.
7. Ensure to fill-up the **TOTAL AMOUNT IN WORDS**.
8. Ensure to check the "Compliance with Technical Specifications" Column.
9. **Submit your bid sealed in an envelope.**
10. Failure to follow these instructions will result to the disqualification of your entire quotation/bid.

| Item No. | Item/s and specification/s (minimum)  | Unit   | Qty. | Approved Budget for the Contract (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  |
| 1        | PPE Supplies for the 2023 Geo-enabled Master Sample: Primary and Secondary Sampling Unit Validation Operations for PSA Cebu | lot    | 1    | 62,640.00                                       |   |                              | ( )   | ( ) |
| 1.1      | Face Mask, 3-ply, Earloop   | box    | 336  | 90.00   |   |                              | ( )   | ( ) |
| 1.2      | Rubbing Alcohol, ethyl, 70%, 500ml  | bottle | 224  | 100.00  |   |                              | ( )   | ( ) |
| 1.3      | Disinfectant Spray. Aerosol, 400 grams  | pc     | 20   | 500.00  |   |                              | ( )   | ( ) |
|          |   |        |      |   |   |                              |   |     |
|          | Mode of Payment: SEND BILL Arrangement or within thirty (30) working days after receipt of the billing statement.           |        |      |   |   |                              | ( )   | ( ) |
|          | Price quotation/s validity: Must be valid for a period of thirty (30) calendar days from the date of submission.            |        |      |   |   |                              | ( )   | ( ) |
|          |   |        |      |   |   |                              |   |     |
|          | TOTAL AMOUNT IN WORDS :   |        |      |   |   |                              |   |     |
|          |   |        |      |   |   |                              |   |     |
|          |   |        |      |   |   |                              |   |     |
|          |   |        |      |   |   |                              |   |     |

Other Requirements:

**Terms of Payment:**

*Payment shall be made either through check or Land Bank's LDDAP-ADA/Bank Transfer facility, within thirty (30) days after Submission of Billing/Statement of Account and User Acceptance of the product. Bank Transfer fee shall be charged against the creditor's account.*

**Payment Details:**

Banking Institution: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Account Name: \_\_\_\_\_  
Branch: \_\_\_\_\_

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: \_\_\_\_\_