

## REQUEST FOR QUOTATION

	The Philippine Statistics Au	uthority (PSA) through the Bids and	d Awards Committee (BAC), intends to								
procure	Meals and	Snacks for the Trainers Training	on Machine Processing for the the 2023 ULE								
	all be undertaken in accordance		Section 53.9 (Small Value Procurement)								
of the 20	16 Revised Implementing Rules	and Regulations of Republic Act N	o. 9184, with an Approved Budget of the								
Contract	(ABC) in the amount of Php	63,000.00	Sixty Three Thousand Pesos								
	Please quote your best offer	for the item/s described herein	subject to the Terms and Conditions provided								
pelow. S		by you or your duly authorized rep									
O MAR		1.00	bac-secretariat@psa.gov.ph and bacsecretariat.psa@gmail.com								
redoroeur		contact us at telephone no. (02) 8	374-8263 or email address at								
saprocur	ement.psa@gmail.com										
			MINERVA ELOISA P. ESQUIVIAS								
	MINERVA EL OISA P. ESOLUVIAS										
			Chairperson, Bids and Awards Committee								
2	TERMS AND CONDITIONS										
1	Bidders shall provide correct and accurate information required in this form.										
2	Price quotattion/s must be valid for a period of thirty (30) calendar days from the date of submission.										
3	Price quotation/s, to be denominated in Philippine peso, shall include all taxes, duties and/or levies payable.										
4	Quotations exceeding the ABC shall be rejected.										
5		vard of contract shall be made to the lowest calculated and responsive bid (LCRB).									
6	Any interlineations, erasures or over	sures or overwriting shall be valid only if they are signed or initialed by you or your duly authorized representative.									
7	In case of two or more bidders are determined to have submitted the LCRB, the PSA shall adopt and employ "draw lots" as the tie-breaking method to										
	finally detrmine the single winning bidder in accordance with GPPB Circular 06-2005.										
8	The item/s shall be delivered according to the requirements specified in the Purchase Request (PR).										
9		The PSA shall have the right to inspect and/or test the goods to confirm their conformity to the Technical Specifications.									
10			d supporting documents, i.e. Order Slip and/or Billing Statement, by the								
	supplier. Our Government Servici	ng Bank, Land Bank of the Philippines	s, shall credit the amount due to the identified bank of the supplier not								
			hours, upon receipt of our advice. Please note that the corresponding bank								
11	transfer fee, if any, shall be chargeable to the account of the supplier.  Liquidated damages equivalent to one tenth (1/10) of one percent (1%) of the value of the goods not delivered within the prescribed period shall be										
imposed per day of delay. The PSA shall rescind the contract once the cumulative amount of liquidated damages reaches ten percei											
		eiudice to other courses of action and re									
	Documents to be submitted	Deadline	Remarks								
	e 2023 Mayor's/Business Permit and										
alid PhilG	EPS Registration	10 110 -									
		Not later than 10 Who Vor3	together with the quotation								
		at	togother with the quotation								
Notariz	ed Omnibus Sworn Statement (OSS)										



PSA Complex, East Avenue, Diliman, Quezon City, Philippines 1101 Telephone: (632) 8938-5267 www.psa.gov.ph



## REQUEST FOR QUOTATION PR No. 23-02-0220

After having carefully read and accepted the Terms and Conditions, I/We submit our quotation/s for the item/s as follows:

Item(s) and Specification(s), minimum		Quantity	Unit Price	Total Amount (VAT Inclusive)	Compliance with Technical Specifications (pls. check)		
					Yes	No	
Meals and Snacks for the Trainers Training on Machine Processing for the 2023 ULE	Lot	1					
(For 30 pax)							
Date: 16 to 18 May 2023 (3 days)							
Venue: 17th Flr. Cyberpod 3, Eton Centris, Pinyahan,							
Quezon City							
~ ;							
Meals Arrangement:							
Inclusions:							
- AM Snack/Breakfast							
- Lunch							
- PM Snacks							
				4			
Total amount in words:							
Printed name of the authorized representative:  Name of Company:			Position:	Signature:			
Address:			Email address:				
Fax No.: Tel. No.:							
Date:							