

REQUEST FOR QUOTATION

	The Philippine Statistics Authorit	y (PSA) through the Bi	ds and Awards Committee (BAC), intends to					
procure	Lateral File Cabinet							
which shall	be undertaken in accordance with	Section 52.1 (Shopping)						
of the 2016	Revised Implementing Rules and R	egulations of Republic	Act No. 9184, with an Approved Budget of the					
Contract (A	(BC) in the amount of 20,000.	.00	Twenty Thousand Pesos Only					
below. Sub	Please quote your best offer for the mit your quotation duly signed by you		rein, subject to the Terms and Conditions provided					
19 APPLY	, , , , , , , , , , , , , , , , , , , ,		bac-secretariat@psa.gov.ph					
	For any clarification, you may conta	act us at telephone no.	(02) 8374-8263 or email address at					
gsdprocurer	ment.psa@gmail.com		MINERVA/ELOISA P. ESQUIVIAS Onairperson, Bids and Awards Committee					
		TERMS AND CO	NDITIONS					
1	Bidders shall provide correct and accurate	e information required in th	is form.					
2	Price quotattion/s must be valid for a period	od 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	Award of contract shall be made to the lowest calculated and responsive bid (LCRB).							
6	Any interlineations, erasures 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	by the supplier. Our Government Servicin	ng Bank, Land Bank of the	equired supporting documents, i.e. Order Slip and/or Billing Statement, Philippines, shall credit the amount due to the identified bank of the In forty eight (48) hours, upon receipt of our advice. Please note that					
11	the corresponding bank 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 percent (10%) of the amount of the contract, without prejudice to other courses of action and remedies open to it.							
	Documents to be submitted	Deadline	Remarks					
Copy of the 202	3 Mayor's/Business Permit or valid PhilGEPS	Not later than 19 PP2 7073	Together with the quotations					

A DVBrossiand	Management System ISO 9001:2015		PSA Complex, East Avenue, Diliman, Quezon City, Philippines 1101 Telephone: (632) 8938-5267
UVRheinland	www.houdast	FF19,527-W	www.psa.gov.ph

RECEIVED
GSD Procurement

Name: 1 | 10.4 m | 2023

Time: 11: 00 pm

REQUEST FOR QUOTATION PR No. 23-03-0304

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	Unit	Quantity	Unit Price	Total Amount (VAT Inclusive)	Compliance with Technical Specifications (pls. check)	
				iliciusive)	Yes	No
Lateral File Cabinet	pcs	2				
					-	
4 Drawers/Layer Lateral	-					
900 x 450 x 1328mm						
Color: Light gray						
Steel (recessed handle)						
Powder coated	_					
Centralized lock						
With file divider						
,						
10						
			0			
		1				
				10.0		
	_	_				
	_	1				
		+	-			
otal amount in words:						
rinted name of the authorized representative:				Signature:		
lame of Company:			Position:	11		
ddress:						
	Email address: Tel. No.:Mobile No.:					
ax No.,						

Total amount in words.							
Printed name of the authorized representative:		Signature:					
Name of Company:		Position:					
Address:		Email address:	_				
Fax No.:	Tel. No.:	Mobile No.:					
Date:							