



REQUEST FOR QUOTATION

procure S			Awards Committee (BAC), intends to Statistics on Agriculture and Fisheries						
which shall be undertaken in a									
of the 2016 Revised Impleme	nting Rules and Regulations	of Republic Act No	. 9184, with an Approved Budget of the						
Contract (ABC) in the amount		SANDOO HARROOT PARTITION CONTRACTOR AND	Seventy Thousand Pesos Only						
Please quoto vou	r boot offer for the items to d								
Please quote your best offer for the item/s described herein , subject to the Terms and Conditions provided below. Submit your quotation duly signed by you or your duly authorized representative not later than									
	at \\'\ook\o\								
2 0 2023		through email at	bac-secretariat@psa.gov.ph and bacsecretariat.psa@gmail.com						
For any clarification	on, you may contact us at te	ephone no. (02) 83	74-8263 or email address at						
gsdprocurement.psa@gmail.con	<u>n</u>								
			MINERVA ELOISA P. ESQUIVIAS Chairperson, Bids and Awards Committee						
TERMS AND CONDITIONS									
	e correct and accurate information								
	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 pe	so, shall include all tax	kes, duties and/or levies payable.						
	ng the ABC shall be rejected.								
•	all be made to the lowest calcula								
6 Any interlineations, e	erasures or overwriting shall be v	alid only if they are sig	ned or initialed by you or your duly authorized representative.						
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 d									
9 The PSA shall have	The PSA shall have the right to inspect and/or test the goods to confirm their conformity to the Technical Specifications								
10 Payment shall be ma supplier. Our Goverr than twenty four (2-	ade after delivery and upon subm nment Servicing Bank, Land Ba n	nission of the required ik of the Philippines, ty eight (48) hours, u	supporting documents, i.e. Order Slip and/or Billing Statement, by the shall credit the amount due to the identified bank of the supplier not earlier pon receipt of our advice. Please note that the corresponding bank transfer						
11 Liquidated damages imposed per day of c amount of the contra	equivalent to one tenth (1/10) of delay. The PSA shall rescind the ct, without prejudice to other cou	one percent (1%) of the contract once the cum	ne value of the goods not delivered within the prescribed period shall be ulative amount of liquidated damages reaches ten percent (10%) of the ledies open to it.						
Documents to be submitted	De	eadline	Remarks						
Copy of the 2023 Mayor's/Business valid PhilGEPS Registration	Not later than	10V 2 0 2023	together with the quotation						
Notarized Omnibus Sworn Stateme	ent								



Management System ISO 9001:2015

PSA Complex, East Avenue, Diliman, Quezon City, Philippines 1101 Telephone: (632) 8938-5267

www.psa.gov.ph

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GSD Procurement

REQUEST FOR QUOTATION PR No. 23-10-1200

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

After flaving carefully read	and accepted the Terms and Conditions	, I/vve sub	mit our quo	tation/s for the	item/s as follow	S.	
Item(s) and Specification(s), minimum Printing and Binding of 2023 Selected Statistics on Agriculture and Fisheries		Unit	Quantity 100	Unit Price	Total Amount (VAT Inclusive)	Compliance with Technical Specifications (pls. check)	
						Yes	No
Specifications:							
Size:	4.5" x 6.5"						
No. of Pages:	80 (including cover)						
Inside Pages:	C2S 80 lbs						
Cover Pages:	C2S 120lbs (with matte						
	lamination						
Full Color:	(inside and cover)						
Process:	Offset printing						
Perfect Binding							
				-			
NOTE: Please provid							
	the requested publication						
one (1) month after r	eceiving the approved copy						
							1
Total amount in words:							
Printed name of the authorized	d representative:				Signature:		
Name of Company:				Position:			
Address:				Email address: _			
Fax No.:	Tel. No.:		_Mobile No.:				
Date:				-		·	