



REQUEST FOR QUOTATION

	The Philippine Statistics Au	uthority (PSA) through the Bids and		ids to						
procure	procure Hardbound Folder Long Size									
which sha	all be undertaken in accordance	with	Section 53.9 (Small Value Procurement)							
of the 20°	16 Revised Implementing Rules	and Regulations of Republic Act N	o. 9184, with an Approved Budge	et of the						
Contract	(ABC) in the amount of Php	13,200.00	Thirteen Thousand Two Hundre	d Pesos Only						
	Please quote your best offer	for the item/s described herein, s	subject to the Terms and Conditic	ons provided						
below. Submit your quotation duly signed by you or your duly authorized representative not later than										
SE	D 2 0 2021		bac-secretariat@psa.gov.ph and	bacsecretariat.psa@gmail.com						
	For any clarification, you may	contact us at telephone no. (02) 8	374-8263 or email address at							
For any clarification, you may contact us at telephone no. (02) 8374-8263 or email address at gsdprocurement.psa@gmail.com										
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			MINERVA ELOISA P							
			Chairperson, Bids and Av	vards Committee						
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	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									
		bidder in accordance with GPPB Circula								
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	Payment shall be made after delivery and upon submission of the required supporting documents, i.e. Order Slip and/or Billing Statement, by the supplier. Our Government Servicing Bank, Land Bank of the Philippines, shall credit the amount due to the identified bank of the supplier not									
		earlier than twenty four (24) hours, but not later than forty eight (48) hours, upon receipt of our advice. Please note that the corresponding bank transfer fee, if any, shall be chargeable to the account of the supplier.								
11	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 PS	SA shall rescind the contract once the cu	mulative amount of liquidated damage	s reaches ten percent (10%) of the						
	amount of the contract, without pr	ejudice to other courses of action and re	medies open to it.							
	Documents to be submitted	Deadline	Ren	narks						
		not later than SEP 2 0 2024								
Copy of the 2024 Mayor's/Business Permit and valid PhilGEPS Registration		not later than OLT 1. U 2024	together with	the quotation						
		at								



REQUEST FOR QUOTATION PR No. 24-07-0779

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			Total Amount (VAT Inclusive)	Compliance with Technical Specifications (pls. check)				
			-			Yes	No			
Hardbound Folder Long Size		pcs	200							
Specifications:										
Double Fold										
Long size										
Navy Blue color										
Portrait										
Attached the picture for	or your reference									
Delivery date 15 Caler approved Purchase O	ndar days upon receipt of rder									
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		***************************************		#						

Total amount in words:						AMANAGA MANAGA M				
Printed name of the authorized	representative:				Signature:					
Name of Company:				Position:						
Address:										
						Email address:				
Fax No.:	Tel. N <u>o.:</u>		INDDIE NO.:							