



REPUBLIC OF THE PHILIPPINES
PHILIPPINE STATISTICS AUTHORITY



REQUEST FOR QUOTATION

The **Philippine Statistics Authority (PSA)** through the Bids and Awards Committee (BAC), intends to procure **MEDICAL EQUIPMENT** which shall be undertaken in accordance with **Section 52.1(b) (Shopping)** of the 2016 Revised Implementing Rules and Regulations of Republic Act No. 9184, with an Approved Budget of the Contract (ABC) in the amount of **Php 18,025.00** *Eighteen Thousand Twenty Five Pesos*

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** **MAR 21 2025** at *11:00am* through email at bac-secretariat@psa.gov.ph

For any clarification, you may contact us at telephone no. **(02) 8374-8263** or email address at gsdprocurement.psa@gmail.com

Minerva E. Esquivias

MINERVA ELOISA P. ESQUIVIAS

Chairperson, Bids and Awards Committee

TERMS AND CONDITIONS

- 1 Bidders shall provide correct and accurate information required in this form.
- 2 Price quotation/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 finally determine 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 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 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 2025 Mayor's/Business Permit and valid PhilGEPS Registration	not later than MAR 21 2025 at <i>11:00am</i>	together with the quotation



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

REQUEST FOR QUOTATION
PR No. 25-03-0198

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)	
					Yes	No
MEDICAL EQUIPMENT						
Aneroid Sphygmomanometer Cuff - Size: 25-32 cm (adult/regular)	pcs	6				
Aneroid Sphygmomanometer Cuff - Size: 40-55 cm (adult/regular)	pcs	6				
BP apparatus - with wheels	pcs	1				
Stainless jar for cotton - Size: 4" x 5"	pcs	1				
Stainless tray with cover - Size: 9x6 - Material: Stainless steel - Instrument Type: Tray - Quality: OR Grade	pcs	1				
Waste Pail or Clinical waste Bin - 1L	pcs	5				
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: _____