



REQUEST FOR QUOTATION

RFQ # 2020-03-163

05 April 2021

The Philippine Statistics Authority-Region 7 (PSA-R07) through its Bids and Awards Committee (BAC) will undertake Alternative Mode of Procurement, **Small Value Procurement** for the Reproduction of Health Declaration Form for Philippine Identification System (PhilSys) Step 2 Registration

Name of Project	PhilSys Step 2 Registration
Solicitation (If posted at the PhilGEPS)	0700-2021-03-028
Purchase Request No.	0700-2021-03-27
Location	PSA Bohol Provincial Office, 3/F Galleria Luisa Bldg., Galleria St., Poblacion 2, Tagbilaran City, Bohol
Brief Description	Reproduction of Health Declaration Form for PhilSys Step 2 Registration
Quantity	225 reams
Approved Budget for the Contract (ABC)	PhP 72,000.00
Contract Duration	5-7 days after receipt of Purchase of Order
Date of Delivery	5-7 days after receipt of Purchase of Order

Please quote your best price for the item described herein, subject to the Terms and Conditions provided in this RFQ. **Submit your sealed quotation duly signed by you or your duly authorized representative personally not later than 12 April 2021, 12:00 N.N**

Note: Online submission of accomplished bid form/s will not be accepted.

For any clarification, you may contact Ms. Blecila Paredes (036) 501-0996.


EDWINA M. CARRIAGA
R07 BAC Chairperson

Terms and Conditions:

1. Only the suppliers registered at the Philippine Government Electronic Procurement System (PhilGEPS) shall be allowed to submit the quotation.
2. All entries must be typewritten/printed legibly in the Bid Form. Failure to use this form will result to disqualification of your bid.
3. Bidders shall provide correct and accurate information required in this form.
4. The bidder may quote for any or all the items.
5. Any interlineations, erasures or overwriting shall be valid only if they are signed or initialed by you or your duly authorized representative/s.
6. Late submission of quotation shall not be accepted.
7. Bids exceeding the ABC for each item/lot shall be disqualified.
8. Award of contract shall be made to the Lowest Calculated and Responsive Bidder which complies with the specifications and other terms and conditions as stated herein.

PHILIPPINE STATISTICS AUTHORITY

Region 7 – Central Visayas

REQUEST FOR QUOTATION

Page 2

10. In case of two or more bidders are determined to have submitted the Lowest Calculated Quotation/Lowest Calculated and Responsive Quotation, the PSA shall adopt and employ "drawlots" as the tie-breaking method to finally determine the single winning provider in accordance with GPPB Circular 06-2005.
11. The item/s shall be delivered according to the requirements specified in the Technical Specifications.
12. The PSA shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
13. The following documentary requirements must be submitted prior to issuance of Purchase Order/Contract:
 - *Mayor's/Business Permit*
 - *PhilGEPS Registration Number/Certificate*
 - *Income/Business Tax Return (for ABCs above P500K)*
 - *Omnibus Sworn Statement (for ABCs above P50K)*
14. The PSA reserves the right to reject any or all bid proposals, or declares the bidding a failure, or not to award the contract, and makes no assurance that a contract shall be entered into as a result of this invitation.
15. Payment shall be made after delivery and upon the submission of the required supporting documents, i.e. documentary requirements mentioned above (item no. 13), billing statement from the supplier. Our Government Servicing Bank, i.e. the Land Bank of the Philippines, shall credit the amount due to the supplier's identified bank account not earlier than twenty-four (24) hours, but not later than forty-eight (48) hours, upon receipt of our advice.
16. Liquidated damages equivalent to one tenth of one percent (0.1%) of the value of the goods not delivered within the prescribed delivery 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 to it.

BID FORM

IMPORTANT NOTES/INSTRUCTIONS:

1. Make sure to read the Terms and Conditions stated in the Request for Quotation before filling out this form.
2. Use this form for your quotation. Additional bidder's proposal can also be attached to this form.
3. Accomplish this form correctly and accurately.
4. Do not alter the contents of this form in any way.
5. All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
6. Ensure to indicate the price for the whole lot and the unit price per unit.
7. Ensure to fill-up the **TOTAL AMOUNT IN WORDS**.
8. Ensure to check the "Compliance with Technical Specifications" Column.
9. **Submit your bid sealed in an envelope.**
10. Failure to follow these instructions will result to the disqualification of your entire quotation/bid.

Item No.	Item/s and specification/s (minimum)	Unit	Qty.	Approved Budget for the Contract (ABC) per unit	Unit Price (in Peso) Please indicate your offer/price here.	Total Amount (VAT Inclusive)	Compliance with Technical Specifications (please check)		
							YES	NO	
1	HEALTH DECLARATION FORM (Materials and Printing), 4 pads per ream, size/sheet: 1/4 of 1 long bond paper, 70 gsm	ream	225	320.00			()	()	
	Terms and Conditions:								
	1. Payment will be collected within 15-30 days after receipt of the billing statement and complete set of documentary requirements						()	()	
	2. Price quotation/s validity: Must be valid for a period of thirty (30) calendar days from the date of submission.						()	()	
	TOTAL AMOUNT IN WORDS :								

Other Requirements:

Terms of Payment:

Payment shall be made either through check or Land Bank's LDDAP-ADA/Bank Transfer facility, within thirty (30) days after Submission of Billing/Statement of Account and User Acceptance of the product. Bank Transfer fee shall be charged against the creditor's account.

Payment Details:

Banking Institution: _____

Account Number: _____

Account Name: _____

Branch: _____

Printed Name of authorized representative/Signature _____

Position: _____

Name of Company _____

TIN #: _____ (Please specify if VAT or NON-VAT) _____

Address: _____ Email Address: _____

Fax No. _____ Tel No.: _____ Cellphone No. _____

Date: _____