



REPUBLIC OF THE PHILIPPINES


PHILIPPINE STATISTICS AUTHORITY
REGIONAL STATISTICAL SERVICES OFFICE NO. XIII (CARAGA)

REQUEST FOR QUOTATION

The Philippine Statistics Authority through its Special Bids and Awards Committee (SBAC) will undertake the Alternative Mode of Procurement-Small Value Procurement

Name of Project	2015 Global Adult Tobacco Survey (GATS)
Solicitation	Purchase Order No. 15-10-124
Location	Butuan City
Brief Description	Catering Services with Venue (In Lot) Activity: 2015 Global Adult Tobacco Survey 2 nd Level Training Date of Activity: November 8 to 15, 2015 Item 1: Breakfast Item 2: AM Snacks Item 3: Lunch Item 4: PM Snacks Item 5: Dinner Item 6: Accommodation Other Inclusion/Remarks: 1. Only Dinner and Accommodation on Nov 8, 2015; 2. Breakfast, AM Snacks, Lunch, PM Snacks, Dinner and Accommodation from November 9 to 14, 2015; 3. Breakfast only on November 15, 2015; 4. Lunch and Dinner is comprised of 2 main dish, 1 veggie or noodles, 1 soup, dessert, softdrinks and rice; 5. Free use of venue, flowing coffee, provision of sound system, projector, microphones, tables and chairs; 6. Accommodation is quadruple sharing 7. Preferred venue is Butuan City
Quantity	Nov 8, 2015: Item 5 and 6: 9 pax Nov 9, 2015: Item 1 to 5: 20 Pax; Item 6: 15 pax Nov 10 to 12, 2015 (3 days): Item 1 to 5: 19 Pax; Item 6: 15 pax Nov 13, 2015: Item 1 to 5: 19 Pax; Item 6: 18 Pax Nov 14, 2015: Item 1 to 4: 25 Pax; Item 5 to 6: 1 Pax Nov 15, 2015: Item 1: 1 Pax
Approved Budget for the Contract (ABC)	P139,530.00
Date of Delivery	November 8 to 15, 2015

Please quote your **lowest price** on the item/s listed below and submit personally your PRICE QUOTATION not later than 12:00 pm on November 3, 2015 at PSA-RSSO XIII, Jedal Building, Lopez Jaena Extension, Butuan City.


MELCHOR B. BAUTISTA
Chairperson, SBAC

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. Late submission of quotation shall not be accepted.
4. Bids exceeding the ABC shall be disqualified.
5. The Lowest bidder shall be informed immediately and shall be asked to submit additional requirements within three days after the opening of bids or during post qualification.
6. Award of contract shall be made to the lowest quotation, and complies with the specifications and other terms and conditions as stated in the RFQ.
7. Terms of Payment shall be made through check payable to the supplier.
8. 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.



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BID FORM

Item/s and specification/s (minimum)	Unit	Qty.	Unit Price	Total Amount (VAT inclusive)	Compliance with Technical Specifications (please check)	
					YES	NO
Catering Services with Venue (In Lot) Activity: 2015 Global Adult Tobacco Survey 2 nd Level Training Date of Activity: November 8 to 15, 2015 Item 1: Breakfast Item 2: AM Snacks Item 3: Lunch Item 4: PM Snacks Item 5: Dinner Item 6: Accommodation Other Inclusion/Remarks: 1. Only Dinner and Accommodation on Nov 8, 2015; 2. Breakfast, AM Snacks, Lunch, PM Snacks, Dinner and Accommodation from November 9 to 14, 2015; 3. Breakfast only on November 15, 2015; 4. Lunch and Dinner is comprised of 2 main dish, 1 veggie or noodles, 1 soup, dessert, softdrinks and rice; 5. Free use of venue, flowing coffee, provision of sound system, projector, microphones, tables and chairs; 6. Accommodation is quadruple sharing; 7. Preferred venue is Butuan City 8. Pax per item (Quantity) as follows: Nov 8, 2015: Item 5 and 6: 9 pax Nov 9, 2015: Item 1 to 5: 20 Pax; Item 6: 15 pax Nov 10 to 12, 2015 (3 days): Item 1 to 5: 19 Pax; Item 6: 15 pax Nov 13, 2015: Item 1 to 5: 19 Pax; Item 6: 18 Pax Nov 14, 2015: Item 1 to 4: 25 Pax; Item 5 to 6: 1 Pax Nov 15, 2015: Item 1: 1 Pax	Pax Pax Pax Pax Pax Pax					
				Total Amount: _____ _____ _____		

After having carefully read and accepted your Terms and Conditions, I/We quote you on the Item at prices noted above.

Printed Name of Authorized Representative/Signature: _____

Position: _____

Name of Company: _____

Address: _____ E-Mail Address: _____

_____ Tel No.: _____ Cellphone No.: _____