

### REQUEST FOR QUOTATION

RFQ # 0761-RFQ2023-11-095 30 November 2023

The Philippine Statistics Authority-Region 7 (PSA-R07) through its Bids and Awards Committee (BAC) will undertake Alternative Mode of Procurement, <u>Small Value Procurement</u> for the <u>Procurement of Floor Mounted Inverter Air Conditioning Unit including Labor and Installation Services for PSA, Siguijor Provincial Statistical Office.</u>

Name of Project	Procurement of Floor Mounted Inverter Air Conditioning Unit including Labor and Installation Services for PSA, Siquijor PSO
Solicitation (If posted at the PhilGEPS)	0700-2023-11-213
Purchase Request No.	PR # 0761-2023-11-071
Location	PSA-Siquijor Provincial Statistical Office, 3/F Siquijor Business and Convention Center Building, Poblacion, Siquijor, Siquijor
Brief Description	Procurement of Floor Mounted Inverter Air Conditioning Unit including Labor and Installation Services for PSA, Siquijor PSO
Quantity	Please see page 3 for the detailed quantity
Approved Budget for the Contract (ABC)	Php 110,000.00
Contract Duration	05-15 working days after receipt of Purchase Order (PO)
Date of Delivery	05-15 working days after receipt of Purchase Order (PO)

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 <u>06 December</u> <u>2023</u>, <u>10:00 AM</u> through the address <u>3/F Siquijor</u> Business & Convention Center Siguijor, Poblacion, Siguijor, Siguijor.

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

For any clarification, you may contact Ms. Rizalyn Teodora Postrado at telephone nos. (035) 542-5239/ (035) 542-5371.

JILL BERNADETTE C. ABING SrSS - Siquijor/ BAC Member

# **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. If the procurement is done by lot, the bidder may quote for any or all lots and must quote all the items under a specific lot.
- 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.
- 9. The Lowest Calculated and Responsive Bidder shall be informed immediately.

# 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.

PHILIPPINE STATISTICS AUTHORITY Region 7 – Central Visayas REQUEST FOR QUOTATION Page 3

## **BID FORM**

## **IMPORTANT NOTES/INSTRUCTIONS:**

- 1. Make sure to read the Terms and Conditions stated in the Reguest 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)	
	Procurement of Floor Mounted Inverter Air Conditioning Unit including Labor and Installation Services for PSA, Siguijor PSO						YES	NO
1	Floor Mounted Inverter Air Conditioning Unit  - Cooling capacaity: 3 tonners  - Single Phase  - Power Consumption:3,100 watts  - Free Installation with 17 ft. copper tube  - 1 year warranty on parts and services and 10 years warranty for the compressor  - including labor, delivery and installation services	unit	1	110,000.00			( )	( )
	Note: Place of Installation/Delivery  JOSELITO C. MAGHANOY (Supervising Statistical Specialist) Officer-in-Charge Philippine Statistics Authority Siquijor Provincial Statistical Office 3/F Siquijor Business and Convention Center Poblacion, Siquijor, Siquijor						( )	( )
	Other Requirements:							

1. Mode of Payment: SEND BILL Arrangement or 15-30 working days after receipt of the billing statement.  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:    Cother Requirements:										
receipt of the billing statement.  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:  TOTAL AMOUNT IN WORDS:  Terms of Payment:  Payment shall be made either through check or Land Bank's LDDAP-ADA/Bank Transfer facility, within thirty (30) working 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 Number: Account Number: Branch:  Branch:  Branch:  Check or Land Bank's LDDAP-ADA/Bank Transfer facility, within thirty (30) working 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 Number: Account Name: Branch:  Branch:  Check or Non-VAT    Account Name of authorized representative/Signature  Position:  Name of Company  TIN #:  (Please specify if VAT or NON-VAT)  Address:  Email Address:  Email Address:  Email Address:  Email Address:  Email Address:  Cellphone No.	ľ	1. Mode of Payment: SEND BILL				]				
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:  TOTAL AMOUNT IN WORDS:  Terms of Payment:  Payment shall be made either through check or Land Bank's LDDAP-ADA/Bank Transfer facility, within thirty (30) working 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 Number:  Account Name:  Branch:  Branch:  Position:  Name of authorized representative/Signature  Position:  Name of Company  TIN #:  (Please specify if VAT or NON-VAT)  Address:  Email Address:		Arrangement or 15-30 working days after					(	)	(	)
for a period of thirty (30) calendar days from the date of submission.    TOTAL AMOUNT IN WORDS:										
the date of submission.  TOTAL AMOUNT IN WORDS:  Terms of Payment:  Payment shall be made either through check or Land Bank's LDDAP-ADA/Bank Transfer facility, within thirty (30) working 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 Number:  Branch:  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  TIN #:  (Please specify if VAT or NON-VAT)  Address:  Email Address:  Email Address:  Email Address:  Email Address:  Email Address:  Cellphone No.										
TOTAL AMOUNT IN WORDS:    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) working 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 Number:   Branch:   Account Number:   Payment Details:   Banking Institution:   Account Number:   Account Number:   Account Number:   Payment Details:   Branch:   Payment Details:		the date of submission.								
Other Requirements:    Terms of Payment:   Payment shall be made either through check or Land Bank's LDDAP-ADA/Bank Transfer facility, within thirty (30) working 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 Number:   Branch:   Account Number:   Payment Details:   Banking Institution:   Account Number:   Account Number:   Account Number:   Payment Details:   Branch:   Payment Details:		TOTAL AMOUNT IN WORDS								
Terms of Payment:  Payment shall be made either through check or Land Bank's LDDAP-ADA/Bank Transfer facility, within thirty (30) working 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:  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  TIN #:  (Please specify if VAT or NON-VAT)  Address:  Email Address:  Email Address:  Fax No.  Cellphone No.		TOTAL AMOUNT IN WORDS:								
Terms of Payment:  Payment shall be made either through check or Land Bank's LDDAP-ADA/Bank Transfer facility, within thirty (30) working 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:  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  TIN #:  (Please specify if VAT or NON-VAT)  Address:  Email Address:  Email Address:  Fax No.  Tel No.:  Cellphone No.										
Terms of Payment:  Payment shall be made either through check or Land Bank's LDDAP-ADA/Bank Transfer facility, within thirty (30) working 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:  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  TIN #:  (Please specify if VAT or NON-VAT)  Address:  Email Address:  Email Address:  Fax No.  Cellphone No.										
Terms of Payment:  Payment shall be made either through check or Land Bank's LDDAP-ADA/Bank Transfer facility, within thirty (30) working 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:  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  TIN #:  (Please specify if VAT or NON-VAT)  Address:  Email Address:  Email Address:  Fax No.  Cellphone No.	O41 D -									
Payment shall be made either through check or Land Bank's LDDAP-ADA/Bank Transfer facility, within thirty (30) working 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: Branch:  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 TIN #:  (Please specify if VAT or NON-VAT) Address: Email Address: Email Address: Fax No. Cellphone No.	Other Red	•							•	
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:   Branch:   Branch:   Account Name of authorized representative/Signature   Account Name of Company   Account Na	ĺ	Terms of Payment:								
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:   Branch:   Branch:   Account Name of authorized representative/Signature   Position:   Account Name of Company   Account Name:   Branch:   Account Name:   Account Name:	ĺ	Payment shall be made either through check or Land	l Rank's I DDAP-ADA	/Rank Transfer f	cility within t	hirty (30) worl	rina			
charged against the creditor's account.    Payment Details:   Banking Institution:   Account Number:   Account Number:   Account Name:   Branch:   Branch:   Branch:   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:   Position:   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:   Address:   Email Address:   Email Address:   Email Address:   Email Address:   Email Address:   Cellphone No.   Email Address:   Cellphone No.   Cell					•	• ' '	•			
Payment Details: Banking Institution: Account Number: Account Name: Branch: Branch:  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 IN #:  (Please specify if VAT or NON-VAT) Address: Email Address: Fax No. ITEL No.: Cellphone No.	ĺ		iit ailu osei Acceptai	ice of the produc	C. Dalik ITalis	iei iee siiaii b	•			
Banking Institution:  Account Number:  Account Name:  Branch:  Branch:  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  TIN #:  (Please specify if VAT or NON-VAT)  Address:  Email Address:  Fax No.  Cellphone No.	ĺ	charged against the creditor's account.								
Banking Institution:  Account Number:  Account Name:  Branch:  Branch:  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  TIN #:  (Please specify if VAT or NON-VAT)  Address:  Email Address:  Fax No.  Cellphone No.		Payment Netails:								
Account Number:										
Account Name:										
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  TIN #: (Please specify if VAT or NON-VAT)  Address: Email Address:  Fax No Tel No.: Cellphone No		Account Number:								
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  TIN #: (Please specify if VAT or NON-VAT)  Address: Email Address:  Fax No Tel No.: Cellphone No		Account Name:								
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  TIN #: (Please specify if VAT or NON-VAT)  Address: Email Address:  Fax No Tel No.: Cellphone No		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										
Printed Name of authorized representative/Signature										
Position:	After hav	ving carefully read and accepted your Terms and Co	onditions. I/We quote	you on the item	at prices note	ed above.				
Position:	Printed 1	Name of authorized representative/Signature								
Name of Company	Position:	: <u> </u>								
TIN #: (Please specify if VAT or NON-VAT)         Address: Email Address:         Fax No Tel No.: Cellphone No										
Address:        Email Address:           Fax No.         Tel No.:         Cellphone No.	TIN #:	(Please specify if	VAT or NON-VAT							
Fax No Tel No.: Cellphone No										
Date:										