

REQUEST FOR QUOTATION

produre	the Prinippine Statistics Authority (PSA) through the Bids and Awards Committee (BAC), intends to							
procure Various Medical Supplies								
	shall be undertaken in accordance with	1	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 92,441.00 Ninety Two Thousand Four Hundred Forty One Pesos Only								
SEPT.	Please quote your best offer for the Submit your quotation duly signed by your 18,7003 at 11,0004 tariat.psa@gmail.com.	item/s described herein, su ou or your duly authorized rep through email at	oresentative not later than <u>bac-secretariat@psa.gov.ph</u> and					
For any clarification, you may contact us at telephone no. (02) 8374-8263 or email address at								
gsdprocu	urement.psa@gmail.com							
		¢r TERMS AND CONDITIONS	MINERVA ELOISA P. ESQUIVIAS nairperson, Bids and Awards Committee					
1 2 3 4 5	Bidders shall provide correct and accurate information required in this form. Price quotattion/s must be valid for a period of thirty (30) calendar days from the date of submission. Price quotation/s, to be denominated in Philippine peso, shall include all taxes, duties and/or levies payable. Quotations exceeding the ABC shall be rejected. Award of contract shall be made to the lowest quotation which complies with the technical specifications, and other terms and conditions stated herein. This procurement project is to be awarded by lot.							
6	Any interlineations, erasures or overwriting shall to	pe valid only if they are signed or initial	ed 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 detrmine the single winning bidder in accordance with GPPB Circular 06-2005.							
8	The item/s shall be delivered according to the req							
9	The PSA shall have the right to inspect and/or tes		17. A					
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 202	23 Mayor's/Business Permit and valid PhilGEPS Registration	not later than 9/20/20 at	Together with the quotation.					
PSA Complex, East Avenue, Diliman, Quezon City, Philippines 1101 Telephone: (632) 8938-5267 www.psa.gov.ph								

RECEIVED
GSD Procurement
Name: Terry
DateS EP 2 1 2023
Time: LA

REQUEST FOR QUOTATION PR No. 23-08-0959

After having carefully read and accepted the Terms and Conditions, I/We submit our quotation/s for the item/s as follows:

fter having carefully read and accepted the Terms and Conditions, I/We su	Ve submit our quotation/s Unit	Quantity	Unit Price	Total Amount (VAT Inclusive)	Compliance with Technical Specifications (pls.		
Item(s) and Specification(s), minimum					check) Yes No		
Sphygmomanometer Cuff 22-48cm (XL)	рс	5					
	рс	12					
CR2032 Battery	pack	18					
R41 Batter 2x per pack	box	12					
Contour Plus (Blood Glocose Strips) 2x25 strip per box	box	4					
Blood Lancet/needle, 200pcs/box	рс	4					
Hot water bag (1000ml)	pc	3					
ce bag (6 inches)	- 	6					
Mupirocin Ointment 2%, 15g Tube	pc						
Eye drop Moisturizing formula	pc	6				-	
Eye drop red eye formula	pc	6					
BVM kit	kit	1					
First aid kit	kit	2					
Elastic bandage 4inches x 5yards	рс	10					
Clean Gauze 2x2 25pcs per pack	pack	12					
Clean Gauze 4x4 25pcs per pack	pack	12					
Sterile Gauze 4x4	pack	30					
Surgical tape, 1 inch	рс	6					
Band aids, 100pcs per box	box	6					
Mefenamic Acid, 500mg, 200pcs per box	рс	600					
	рс	600			V		
Cetirizine, 10mg/tab, 100pcs/box Aluminum hydroxide, Magnesium hydroxide, simeticone	рс	600					
(100pcs/box)	рс	600					
Hyoscine-n-butyl-bromide, 10mg, 120pcs/box	рс	600					
Loperamide, 2mg, 500pcs/box	рс	240					
Oral rehydration salts (ORS 75 replacement), 100pcs/box	рс	240					
Meclizine hydrochloride 25mg, 240pcs/box		300	+		-	-	
Clonidine hydrochloride, 75mg, 100pcs/box Total amount in words:	рс	300					
Printed name of the authorized representative:				Signature:			
Name of Company:			Position:	sition;			
Address:			Email address:				

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Name of Company:		Position:				
Address:		Email address:				
Fax No.:	Tel. No.:	Mobile No.:				
<u>a</u> 77						