

REPUBLIC OF THE PHILIPPINES PHILIPPINE STATISTICS AUTHORITY



REQUEST FOR QUOTATION

procure	The Philippine Statistics A	uthority (PSA) through the Bids and Awards Committee Legal Service Plannin			
which shal	be undertaken in accordance		ection 53.9 (Small Value Procurement)		
of the 2016	Revised Implementing Rules	and Regulations of Republic Act No. 9184, with an App			
	ABC) in the amount of Php		y-Four Thousand Nine Hundred Pesos Only		
	Please quote your best offer	r for the item/s described herein, subject to the Terms	s and Conditions provided		
below. Sub	mit your quotation duly signed	by you or your duly authorized representative not later	er than		
		through email at	bac-secretariat@psa.gov.ph and bacsecretariat.psa@gmail.com		
	For any clarification, you may	y contact us at telephone no. (02) 8374-8263 or email ac	address at		
gsdprocurer	nent.psa@gmail.com	y contact us at telephone no. (02) 0574-0203 of email ac	address at		
1	Ridders shall provide correct and	TERMS AND CONDITION accurate information required in this form.	MINERVA ELOSA P. ESQUIVIAS Chairperson, Bids and Awards Committee		
2		or a period of thirty (30) calendar days from the date of submiss	reien		
3		ited in Philippine peso, shall include all taxes, duties and/or levies			
4	Quotations exceeding the ABC sh		ss payable.		
5	•	to the lowest calculated and responsive bid (LCRB).			
6		verwriting 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 detrmine the single winning bidder in accordance with GPPB Circular 06-2005.				
8		ording to the requirements specified in the Purchase Request (PR	PR).		
9	The PSA shall have the right to in	spect and/or test the goods to confirm their conformity to the Tec	echnical Specifications.		
10	Bank, Land Bank of the Philippi hours, upon receipt of our advice	nes, shall credit the amount due to the identified bank of the sup Please note that the corresponding bank transfer fee, if any, si			
11	Liquidated damages equivalent to shall rescind the contract once the remedies open to it.	one tenth (1/10) of one percent (1%) of the value of the goods ne cumulative amount of liquidated damages reaches ten percent (not delivered within the prescribed period shall be imposed per day of delay. The PS t (10%) of the amount of the contract, without prejudice to other courses of action and		
	Documents to be submitted	Deadline	Remarks		
Copy of the 2023 Mayor's/Business Permit or valid PhilGEPS Registration		not later than 1005/18	together with the quotation		
Notarized Omnibus Sworn Statement		at 11'-com			



Managemani ISO 3001 2015 PSA Complex, East Avenue, Diliman, Quezon City, Philippines 1101 Telephone: (632) 8938-5267 www.psa.gov.ph

GSD	-PROCUREMENT SECTION
	RECEIVED
	SEP 2 6 2023 1676
Name:	D Q L L

REQUEST FOR QUOTATION PR No. 23-09-1065

Tel. No.:

Fax No.:

Date:

After having carefully read and accepted the Terms and Conditions, I/We submit our quotation/s for the item/s as follows: Compliance with Total Technical Amount Item(s) and Specification(s), minimum Unit Quantity Unit Price Specifications (pls. (VAT check) Inclusive) Yes No Legal Service Planning Workshop 73 pax (In-House Meals for 2 days) Provision for 42 packed AM, Snacks, Lunch & PM Snacks & buffet for 31 paxs October 9 - 10, 2023 FOOD PACKS SERVICES: (no pork/halal food) Food Specifications: *AM Snacks (garlic rice, longaniza, beef tapa, fried bangus, fried egg with drinks in can/bottled water) *Lunch (Composed of appetizer, main dish, plain rice, chicken, beef, vegetables, soup, dessert and drinks juice in can/ bottled water) *PM Snacks (tuna/chicken sandwich, beef/tuna spaghetti, bihon/ canton pancit, baked macaroni with drinks in can/bottled water) *with flowing coffee & tea, drinking water (hot & cold) OR PLEASE SEND US MENU FOR CHOICES Within PSA Premises (LS Conference Room, 2nd flr TAM Bldg Mode of Payment: Send Bill Note: Please Submit Proposal - Attach (Mayor's Permit, Tax Clearance, DTI or SEC, PhilGEPS Registration Number) and Certificate of Authority to Operate (IATF-EID) Total amount in words: Printed name of the authorized representative: Signature: Name of Company: Position: Address: Email address: _____

Mobile No.: