

## REQUEST FOR QUOTATION

The Philippine Statistics Authority (PSA) through its Bids and Awards Committee (BAC) will undertake alternative mode of procurement, **(shopping, small value, etc.)** for <u>Venue, Food and Accommodation</u>

Name of Project	Venue, Food and Accommodation
Solicitation	PR No. SSSS-18-10-219
Location	Metro Manila
Brief Description	National Disability Prevalence Survey Report Writing Workshop
Quantity	See attached Bid Form
Approved Budget for the	
Contract (ABC)	₱ 440,000.00
Contract Duration	

Please quote your **lowest price** on the item/s listed below and submit personally your **SEALED QUOTATION not later than 10:00 am on <u>November 9, 2018</u> at the <b>General Services Division**, 11<sup>th</sup> FIr., Cyberpod One Enton Centris, Diliman, Quezon City.

## **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 disgualification 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.

## PHILIPPINE STATISTICS AUTHORITY REQUEST FOR QUOTATION

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## **BID FORM**

T							
Item/s and specification/s (minimum)		Qty.	Unit Price	Total	-	ompliance	
				Amount	ount with Technica		
				(VAT			
,				inclusive)	YES	NO	
Venue, Meals and Accommodation					( )	( )	
National Disability Prevalence Survey Report Writing					( )	( )	
Workshop					( )	( )	
-2 pax Check-in: 11 Nov 2018; Check-out - 17 Nov 2018			Ð	Ð	( )	( )	
-20 pax Check-in: 12 Nov 2018; Check-out - 16 Nov 2018	nav	-22-	₽	· ₱	( )	( )	
	pax	-22-	·	•	( )	( )	
Preferably Quezon City					( )	( )	
<b>VENUE:</b> with 1 function room that can accommodate 22					( )	( )	
participants					( )	( )	
FUNCTION ROOM:					( )	( )	
-spacious function room, PWD friendly					( )	( )	
-soundproof and bright lights					( )	( )	
-no pillars/columns in function room that can block participants view					( )	( )	
-no additional fee for use of electricity to charge laptop and printer					( )	( )	
-with stable and faster WIFI access/connection					( )	( )	
-with multi cubicle comfort rooms for 22 participants on same floor					( )	( )	
of the function room					( )	( )	
ACCESSIBILITY REQUIREMENTS:					( )	( )	
-Function room should have a nearby PWD accessibility ramp					( )	( )	
and toilet					( )	( )	
ENGINEERING REQUIREMENTS:					( )	( )	
-extension cords/wires					( )	( )	
-telephone extension near the function room					( )	( )	
ROOM ACCOMMODATION:				Total	( )	( )	
-with cable and faster WIFI access/connection				amount in	( )	( )	
-buffet breakfast				words:	( )	( )	
-AM/PM Snack					( )	( )	
-Buffet Lunch and Dinner -at least three PWD friendly guest rooms					( )	( )	
, <del>-</del>					( )	( )	
Date of Workshop: 12-16 November 2018					( )	( )	
Mode of Payment: Send Bill					( )	( )	
X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-							
For SSSS-DHSD use							

Other Requirements:

After having carefull at prices noted above		erms and Conditions. I/We quote you	on the item
•		oturo	
Printed Name of au	inonzed representative/sign	ature	
Position:			
Name of Company			
		Email Address:	
Fax No	Tel No.:	Cellphone No	
Data:			