




Republic of the Philippines  
**Philippine Statistics Authority**  
Region V – Bicol

## REQUEST FOR QUOTATION

The Philippine Statistics Authority (PSA) through its Bids and Awards Committee (BAC) will undertake Shopping as Alternative Mode of Procurement for official use of PSA Camarines Sur with the following details:

<b>Name of Project</b>	Office Supplies, IT and PPE Supplies for the Development-Enhancement of the Designs of Statistical Sampling Frame Integrating Geospatial Information 2023 Integrated Processing of Maps from various activities 3rd and 4th Level Training
<b>Solicitation</b>	2023-08-108-CS
<b>Location</b>	PSA Camarines Sur Provincial Statistical Office
<b>Brief Description</b>	(See Bid Form, <i>Page 2</i> )
<b>Quantity</b>	(See Bid Form, <i>Page 2</i> )
<b>Approved Budget for the Contract (ABC)</b>	Php 29,285.00
<b>Contract Duration</b>	Five (5) days upon receipt of Purchase Order

Please quote your **Lowest Price** on the item/s listed below and submit your **SEALED QUOTATION** not later than **9:00 am on August 22, 2023** at **PSA Camarines Sur Provincial Statistical Office, #774 Panganiban Avenue, Naga City.**

  
**CECILLE A. BRIONES**  
BAC Chairman

### Terms and Conditions:

1. Only the suppliers registered at the Philippine Government Electronic Procurement System (PhilGEPS) shall be allowed to submit the quotation.
2. Supplier must be an authorized re-seller of original equipment manufacturer.
3. All entries must be typewritten/printed legibly in the Bid Form. Failure to use this form will result to disqualification of your bid.
4. Late submission of quotation shall not be accepted.
5. Bids exceeding the ABC shall be disqualified.
6. The lowest bidder shall be informed immediately and shall be asked to submit the following requirements within three days after the opening of bids or during post qualification:
  1. Mayor's/Business Permit
  2. PhilGEPS Registration Number
7. 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.
8. Terms of Payment shall be made through check payable to the supplier.
9. 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.

**BID FORM**

Item/s and Specification/s (Minimum)	Unit	Qty	Unit Price	Total Amount (VAT inclusive)	Compliance with Technical Specifications (please check)	
					YES	NO
<b>Office Supplies, IT and PPE Supplies for the Development-Enhancement of the Designs of Statistical Sampling Frame Integrating Geospacial Information 2023 Integrated Processing of Maps from various activities 3rd and 4th Level Training</b>						
<b>Lot 1 - Office Supplies - ABC (P11,885.00)</b>						
Paper, Multicopy, A4 size, 80gsm	ream	15	P _____	P _____	( )	( )
Paper, Multicopy, Legal size, 80gsm	ream	15	P _____	P _____	( )	( )
DTR Cards, 50 pcs/pack	pack	5	P _____	P _____	( )	( )
DTR Civil Service Form No. 48, size: 3 1/2 x 9 1/4 (1000's/pack)	pack	5	P _____	P _____	( )	( )
Board paper, Legal, 200gsm, 10's, white	pack	10	P _____	P _____	( )	( )
Ballpen, Black	pc	98	P _____	P _____	( )	( )
Ballpen, Blue	pc	34	P _____	P _____	( )	( )
Sign pen, black, liquid/gel ink, 0.5mm, needle tip	pc	24	P _____	P _____	( )	( )
Pencil, lead with eraser no. 2	pc	98	P _____	P _____	( )	( )
Notebook, spiral, 80 leaves	pc	98	P _____	P _____	( )	( )
<b>Lot 2 - IT Supplies - ABC (P17,400.00)</b>						
Toner Cartridge, HP 85A, black	cart	3	P _____	P _____	( )	( )
HP416A Black original toner cartridge (for HP color laserjet Pro M454dw)	cart	5	P _____	P _____	( )	( )
			<b>Total</b>	P _____		
For official use of PSA-Camarines Sur			<b>Grand Total</b>	P _____	Total amount in words: _____ _____ _____	

**Other requirements:**

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

Printed Name and Signature of authorized representative: \_\_\_\_\_

Position: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Fax No. \_\_\_\_\_ Tel No.: \_\_\_\_\_ Cellphone No.: \_\_\_\_\_

LBP Account Number of Establishment: \_\_\_\_\_

Date: \_\_\_\_\_

Do you have Mayor's/Business Permit ? \_\_\_Yes \_\_\_No

Philgeps Registration? \_\_\_Yes \_\_\_No

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Printed Name and Signature of Canvasser: \_\_\_\_\_