

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: <u>SHOPPING</u>

as Alternative Modes of Procurement for official use of PSA Camarines Sur with the following details:

Name of Project	Procurement of PhilSys Office Supplies for the the 3rd Quarter of 2024.
Solicitation	2024-08-116-CS
Location	PSA Camarines Sur
Brief Description	Office Supplies
Quantity	see page 2 for details
Approved Budget for the Contract (ABC)	Php 90,500.00
Contract Duration	10 days upon receipt of PO

Please quote your Lowest Price on the item/s listed below and submit your SEALED QUOTATION not later than 08:00AM, September 10, 2024 at the PSA Camarines Sur Provincial Statistical Office, #774 Panganiban Avenue, Naga 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 disqualification 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 the following requirements within three days after the opening of bids or during post qualification:
 - 1. Mayor's/Business Permit Permit
 - 2. PhilGEPS Registration Number
- 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 supplie
- 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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		ted above.				NAME AND ADDRESS
			Total amount in words:	Total amount in words:	Total amount in words:	Total amount in words:

Name of Company:_____

Address:___

Tel No./Fax No.: ____

LBP Account Number of Establishment: ____

Date:

Do you have Mayor's/Business Permit ? ____Yes ____No

Printed Name and Signature of Canvasser:

Philgeps Registration? ____Yes ___No

Email Address:

Cellphone No.:

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