



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

Name of Project	General Preventive Maintenance of Service Vehicle Isuzu DMAX SAB-6448 (including parts and labor)
Solicitation	2024-11-159-CS
Location	PSA Camarines Sur
Brief Description	<i>General Preventive Maintenance of Service Vehicle</i>
Quantity	<i>see page 2 for details</i>
Approved Budget for the Contract (ABC)	Php 78,048.00
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 **10:00AM, December 2, 2024** at the **PSA Camarines Sur Provincial Statistical Office, #774 Panganiban Avenue, Naga City.**


CECILLE A. BRIONES
RBAC Chairperson

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 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.

BID FORM

Item/s and Specification/s (Minimum)	Unit	Qty	Unit Price	Total Amount (VAT inclusive)	Compliance with Technical Specifications (please check)	
					YES	NO
General Preventive Maintenance of Service Vehicle Isuzu DMAX SAB-6448 (including parts and labor)						
Scope of Work						
Perform complete PMS		1	P _____	P _____	()	()
Pull down starter to overhaul		1	P _____	P _____	()	()
Lubricate electrical socket connector affected by flood		1	P _____	P _____	()	()
Replace front left power window motor and main switch		1	P _____	P _____	()	()
Replace rear left power window motor		1	P _____	P _____	()	()
Full detailing		1	P _____	P _____	()	()
Pull out carpet to clean		1	P _____	P _____	()	()
Parts Description						
Oil filter		1	P _____	P _____	()	()
Gasket		1	P _____	P _____	()	()
Multi z oil gal		2	P _____	P _____	()	()
Fuel filter a		1	P _____	P _____	()	()
Miscellaneous		1	P _____	P _____	()	()
Bactakleen		1	P _____	P _____	()	()
Ethanol drier		1	P _____	P _____	()	()
Stop Squeal		1	P _____	P _____	()	()
Gasket trans mt		1	P _____	P _____	()	()
Gasket diff		1	P _____	P _____	()	()
Silicon Spray		1	P _____	P _____	()	()
Air Cleaner		1	P _____	P _____	()	()
Front hub oil seal		2	P _____	P _____	()	()
Atf texanatic		1	P _____	P _____	()	()
Brake fluid/ clutch fluid		2	P _____	P _____	()	()
Rad coolant		8	P _____	P _____	()	()
Penetrating oil		1	P _____	P _____	()	()
Front left power window motor		1	P _____	P _____	()	()
Rear left power window motor		1	P _____	P _____	()	()
Power window main switch		1	P _____	P _____	()	()
Trans oil mt		3	P _____	P _____	()	()
Engine flush		1	P _____	P _____	()	()
Grease		1	P _____	P _____	()	()
Gear ooil gl5/ diff oil		3	P _____	P _____	()	()
Brake cleaner		1	P _____	P _____	()	()
Screen Washer		1	P _____	P _____	()	()
Fuel filter b		1	P _____	P _____	()	()

<i>For official use of PSA Camarines Sur</i>			Total	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: _____

Tel No./Fax No.: _____

Cellphone No.: _____

LBP Account Number of Establishment: _____

Date: _____

Do you have Mayor's/Business Permit ? Yes No

Philgeps Registration? Yes No

Printed Name and Signature of Convasser: _____