



REQUEST FOR QUOTATION

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

Name of Project	Preventive Maintenance of Service of Isuzu Dmax SAB-6447		
Solicitation	2024-12-102-SR		
Location	PSO Sorsogon		
Brief Description	(See Bid Form, <i>Page 2</i>)		
Quantity	(See Bid Form, <i>Page 2</i>)		
Approved Budget for the Contract (ABC)	Php	55,197.00	Parts - 47,127.00 Labor - 8,070.00
Contract Duration	15 days upon receipt of PO		

Please quote your **Lowest Price** on the item/s listed below and submit your **SEALED QUOTATION** not later than **12:00 pm on 08 January 2025** at the **PSA Sorsogon, 2/F Clemente Building, Garcia St., Sulucan, Sorsogon 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. 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 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

Preventive Maintenance of Service of Isuzu Dmax SAB-6447

PARTS DESCRIPTION (ABC- P47,127)

Engine Oil, Fully Synthetic	7	liter	P_____	P_____	()	()
Differential Oil	4	liter	P_____	P_____	()	()
Pulldown Intake Manifold to Clean	1	parts	P_____	P_____	()	()
Transmission Oil	4	liter	P_____	P_____	()	()
Brake Cleaner	1	gms	P_____	P_____	()	()
Oil Filter	1	set	P_____	P_____	()	()
Gasket	1	pcs	P_____	P_____	()	()
Fuel Filter Main	1	pcs	P_____	P_____	()	()
Fuel Filter Pre	1	pcs	P_____	P_____	()	()
Air cleaner	1	set	P_____	P_____	()	()
Gasket Transmission	1	pcs	P_____	P_____	()	()
Gasket Differential	1	pcs	P_____	P_____	()	()
Wiper Blade RH	1	pcs	P_____	P_____	()	()
Wiper Blade LH	1	pcs	P_____	P_____	()	()
Parts Cleaner	3	set	P_____	P_____	()	()
Gear Oil	7	liter	P_____	P_____	()	()
Suction Control Valve	1	set	P_____	P_____	()	()
Fan Belt	1	set	P_____	P_____	()	()
Aircon Belt	1	pcs	P_____	P_____	()	()
Fuel Injector Cleaning	1	pcs	P_____	P_____	()	()
Alternator Belt	1	pcs	P_____	P_____	()	()
			Subtotal	P_____		

SCOPE OF WORK (ABC- P8,070)

Cleaning EGR Valve/Intake Manifold	1	labor	P_____	P_____	()	()
Replace Transmission/Differential Gear Oil	1	labor	P_____	P_____	()	()
Replace Fuel Filter	2	labor	P_____	P_____	()	()
Replace Wiper Blade	2	labor	P_____	P_____	()	()
Change Oil and Filter	1	labor	P_____	P_____	()	()
PMS	1	labor	P_____	P_____	()	()
Replace Suction Control Valve	1	labor	P_____	P_____	()	()
			Subtotal	P_____		

xxxxx
For official use of PSA Sorsogon

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: _____

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

Printed Name and Signature of Canvasser: _____