



REQUEST FOR QUOTATION FOR THE PROCUREMENT OF GOODS AND SERVICES

****Mandatory to fill in****

COMPANY NAME:	Quotation No. 21-185-05
ADDRESS:	Purchase Request No. G-2021-04-0301
CONTACT No.	Purpose: For Office Use and work from home
TIN No.	ABC: 70,000.00
PhilGEPS Registration No.	Delivery Period: 7 Calendar Days upon receipt of Purchase Order
EMAIL ADDRESS:	

INSTRUCTIONS TO SUPPLIERS:

1. Please quote your lowest price on the item/s listed below comprising the necessary taxes.
2. It is mandatory to indicate the brand and/or model of the items being offered and to attach a brochure thereof whenever applicable
3. Indicate the warranty period in cases of equipment or whenever applicable.
4. Forthwith submit the accomplished quotation duly signed by your representative.
5. Suppliers are required and mandated to attach and submit the following documentary requirements:
a) Valid Mayor's/ Business Permit; b) BIR Certificate of Registration; c) Authority to Print Receipt; d) DTI/SEC Registration; e) PhilGEPS Membership Certificate; and f) PCAB License in cases of Infrastructure projects.
6. All items must conform with the internationally accepted standard and sub-standard items shall not be accepted.

ITEM NO.	ITEM & SPECIFICATION	QTY/UNIT	BRAND & MODEL OFFERED	UNIT PRICE	TOTAL PRICE
1	Computer Laptop	1 unit			
	A. Display				
	14: Screen (or higher)				
	1920X1080 FHD Resolution				
	B. Processor :				
	Intel Core 17 - 10th Gen (higher or equivalent)				
	C. Memory :				
	8GB SSD (or higher)				
	D. Storage Drive :				
	512GB SSD (or higher)				
	E. Connectivity:				
	Wifi				
	10/100/1000 Gigabit Ether				
	802.11 ax Wireless LAN (or higher)				
	Bluetooth				
	5.1 wireless technology				
	F. Camera:				
	720p FaceTime HD Camera (or equivalent)				
	G. Operating System				
	Window 10 64 bit English				
	H. Microsft Office				
	Office 2019 (Licensed)				
	I. Peripherals				
	Power Adapter (Charger)				
	Warranty Card				
	User's Manual				
	Bag (if applicable)				
	J. Warranty				
	Minimum of 1 year on parts and service				
	Please attach brochure and indicate days of delivery				

Accomplished by:

By the authority of the University President,

Supplier's Representative
(Print name and Signature)

DR. DOLLY P. MAROMA
BAC Chairman

Date Accomplished : _____

Canvassed by:

Name and Signature