



REQUEST FOR QUOTATION FOR THE PROCUREMENT OF GOODS AND SERVICES

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

COMPANY NAME:	Quotation No. 22-05-255
CONTACT No.	Purchase Request No. F-2022-05-0189
Address:	Purpose: For the use of staff in the implementation of DOST-BulSU CRADLE i-Drip Program for Bulsu
TIN No.	ABC: 225,000.00
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) PhilGEPS Membership Certificate and e) Omnibus Sworn Statement
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	LAPTOP	3 UNITS			
	Operating System Windows 10 64 bit English				
	Memory 8 GB DDR4 (or higher)				
	Storage Drive 512GB SSD (or higher)				
	Display 1920 x 1080 FHD Resolution				
	Processor 8 Cores and 16 Threads (latest generation) Based Frequency: 3.6 GHz (or higher)				
	Graphics Coprocessor 4GB VRAM (or higher)				
	Connectivity Gigabit Ethernet Port, 802.11 AX Wireless LAN Bluetooth 5.0 (or higher)				
	Camera HD Camera (or higher)				
	Interface DC-in USB 3.0 (atleast one) USB 2.0 (atleast one) USB - C(atleast one)				
	Productivity Suite Microsoft Office 2019 or higher (Licensed)				
	Peripherals Power Adapter (Charger) Warranty Card User's Manual Bag (if applicable)				
	Warranty Minimum of 1 year for parts and service				
	NOTE: 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