

Republic of the Philippines BULACAN STATE UNIVERSITY City of Malolos, Bulacan

REQUEST FOR QUOTATION FOR THE PROCUREMENT OF GOODS AND SERVICES

| **** 1 | | | | | |
|---|--|--|---|-------------------------------|------------------|
| **Mandatory to fill in** COMPANY NAME: | | | Overtation No. 22 07 421 | | |
| CONTACT No. | | | Quotation No. 22-07-421 | | |
| Address: | | | Purchase Request No. G-2022-07-0613 Purpose: For replacement; damaged during roof repair. | | |
| Address | • | | i urpose. For replacement, | uamageu uu | ing roof repair. |
| TIN No. | | | ABC: 120,000.00 | | |
| PhilGEPS Registration No. | | | Delivery Period: 7 Calendar Days upon receipt of Purchase | | |
| EMAIL ADDRESS: | | | Order | | |
| 1. Please 2. It is may wheneve 3. Indica 4. Forthw 5. Suppli a) Valid I Members | RUCTIONS TO SUPPLIERS: quote your lowest price on the item/s listed be andatory to indicate the brand and/or model of a applicable te the warranty period in cases of equipment or with submit the accomplished quotation duly signers are required and mandated to attach and suffered and mandated to attach and suffered and e) BIR Certificate ship Certificate and e) Omnibus Sworm ms must conform with the internationally accept | f the items be whenever a gned by you bomit the follow of Registrate a Statement | eing offered and to attach a pplicable. r representative. owing documentary requirer ion; c) Authority to Print | nents: Receipt; d) | PhilGEPS |
| ITEM NO. | ITEM & SPECIFICATION | QTY/UNIT | BRAND & MODEL OFFERED | UNIT PRICE | TOTAL PRICE |
| 1 | Digital Copier 2 Trays | 1 unit | | | |
| | *600 dpi copier resolution with digital enhanced | | | | |
| | features | | | | |
| | *512mb Copier Memory | | | | |
| | *600 dpi scanning | | | | |
| | *50% to 200% Zoom Range in 1% Bypass tray | | | | |
| | *27 pages per minute | | | | |
| | *Standard paper tray and 1 Bypass tray | | | | |
| | *Up to 999 sets of Multiple Copying | | | | |
| | *First copy time 6 seconds or less | | | | |
| | *10 seconds warm up time | | | | |
| | *with enlarger and reducer | | | | |
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| | NOTE: Please attach brochure and indicate days | | | | |
| | of delivery | | | | |
| Accomplished by: Supplier's Representative (Print name and Signature) | | | By the authority of the University President. DR. DOLLY P. MAROMA BAC Chairman | | |
| Date Accor | mplished : | | Canvassed by: | | |

Name and Signature

BulSU-OP-PU-03F3 Revision: 1 JAM 7-6-2022