




Mandatory to fill in	
COMPANY NAME:	Quotation No. 22-08-548
CONTACT No.	Purchase Request No. F-2022-08-0413
Address:	Purpose: for Legal Aid Clinic use
TIN No.	ABC: 15,000.00
PhilGEPS Registration No.	Delivery Period: 7 Calendar Days upon receipt of Purchase Order
EMAIL ADDRESS:	

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; and d) PhilGEPS Membership Certificate
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	Smartphone	1 unit			
	Unit Specification: OS: Licensed CPU: 2 Ghz Octa-core or higher RAM: 6GB or higher GPU: 950MHz (Boost), 12nm INTERNAL / EXTERNAL STORAGE: 128GB or higher / MicroSD (up to 1TB) NETWORK SUPPORT: GSM / HSPA / LTE CAMERA: 50MP AF Main, 8MP Selfie Display: 6 inches or higher RESOLUTION: 1920x1080p EAR JACK/ SPEAKER: Yes BLUETOOTH: 5.0 or latest USB: Type-C, 2.0 BATTERY: 5000mAh or higher WARRANTY: Minimum of 1 year on parts and services				
	NOTE: Please attach brochure and indicate days of delivery				

<p>Accomplished by: _____</p> <p>_____ Supplier's Representative (Print name and Signature)</p> <p>Date Accomplished : _____</p>	<p>By the authority of the University President.</p> <p style="text-align: center;"> DR. DOLLY P. MAROMA _____ BAC Chairman</p> <p>Canvassed by: _____</p> <p style="text-align: center;">_____ Name and Signature</p>
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