



REQUEST FOR QUOTATION FOR THE PROCUREMENT OF GOODS AND SERVICES

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

COMPANY NAME:	Quotation No. 23-03-081
CONTACT No.	Purchase Request No. I-2023-03-0027
Address:	Purpose: For office use
TIN No.	ABC: 260,000.00
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	Color Copier	1 unit			
	General: Warm-up time: 21 seconds First output speed full colour: 7.4s Continuous output speed: Full colour. 20ppm Memory: 2 GB or higher HDD 320 GB or higher ADF/ ARDF: 100 sheets Paper input: minimum of 1,200 sheets Paper output: minimum of 500 sheets Power source: 220-240V, 50/60Hz Copying process: Dry electrostatic transfer system or equivalent Multiple copy: Up to copies Ethernet: Ethernet 10 base-T/100 base-TX/1000 base-T,USB Host I/F Type A, USB Device I/F Type B Mobile Printing: supported Resolution: 600 dpi minimum Printer language standard: PCL5c, PCL6, PDF directprint, Mediaprint OPEG/TIFF) Interface Consumables Toner (black): 16,500 prints Toner (cyan/magenta/yellow): 10,500 prints Warranty:				
	Lifetime free service warranty on labor and services Minimum of 1-year local warranty on parts				
	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