



REQUEST FOR QUOTATION FOR THE PROCUREMENT OF GOODS AND SERVICES

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

COMPANY NAME:	Quotation No. 23-03-089
CONTACT No.	Purchase Request No. F-2023-03-0064
Address:	Purpose: For Registrar Office use
TIN No.	ABC: 47,000.00
PhilGEPS Registration No.	Delivery Period: 7 Calendar Days upon receipt of Purchase
EMAIL ADDRESS:	Order

INSTRUCTIONS TO SUPPLIERS:

- Please **quote your lowest price** on the item/s listed below **comprising the necessary taxes**.
- It is mandatory to **indicate the brand and/or model** of the items being offered and to **attach a brochure** thereof whenever applicable
- Indicate the **warranty period** in cases of equipment or whenever applicable.
- Forthwith submit the accomplished quotation **duly signed by your representative**.
- 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
- 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	PAPER SHREDDER	1 unit			
	Jam Prevention Features: 100% Jam Proof System				
	Feed Type: Traditional				
	Auto Start/Stop: Yes-Electronic				
	Bin Full Light : Yes				
	Can Shred: Staples, Credit Cards, Paper Clips, CD'S/DVDs Junkmail				
	Cut Type: Cross-Cut				
	Maximum Run Time (minutes): Continuous				
	Energy Efficient Features: Energy Savings System				
	Material Type: Plastic				
	Noise Features: Yes				
	Recommended Number of Users: 1-3				
	Safety Features: Yes				
	Usage: Heavy Use				
	Strength: Commercial				
	Bin Capacity(gallons): at least 14				
	Run Time(minutes): Continuous				
	Sheet Capacity: up to 20				
	Shreds per sheet: up to 300				
	Warranty: minimum of 1 year for parts and services				
	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