



REQUEST FOR QUOTATION FOR THE PROCUREMENT OF GOODS AND SERVICES

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

| | |
|---------------------------|--|
| COMPANY NAME: | Quotation No. 23-05-256 |
| CONTACT No. | Purchase Request No. G-2023-05-0369 |
| Address: | Purpose: For printing of plans, programs and other documents |
| TIN No. | ABC: 106,000.00 |
| PhilGEPS Registration No. | Please indicate days of delivery: _____ Calendar Days |
| EMAIL ADDRESS: | upon receipt of Purchase Order |

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 | A3 Printer | 2 unit | | | |
| | Specification: GENERAL FUNCTIONS: Fax, Print, Scan, Copy PRINTER TYPE: Inkjet Printer PRINT SPEED: 22/20 ipm PAPER TYPE: Plain, Inkjet, Glossy PAPER SIZE: Up to A3 MAXIMUM PAPER CAPACITY: Up to 250 sheets | | | | |
| | Print RESOLUTION: up to 1200×4800 dpi PAPER INPUT TRAY - PAPER TYPE: Plain paper, Inkjet paper, Glossy paper PAPER INPUT TRAY: Max. 250 sheets PAPER INPUT - MULTI-PURPOSE TRAY: Plain paper, Inkjet paper, Glossy paper PAPER INPUT - MULTI-PURPOSE TRAY: Max. 100 sheets ADF INPUT PAPER TRAY: Up to 50-sheets PAPER OUTPUT: Max. 100 sheets | | | | |
| | Copy COLOUR/MONOCHROME: Yes MULTIPLE COPIES: up to 999 pages RESOLUTION: Print: Max. 1200×4800 dpi | | | | |
| | Connectivity USB: USB 2.0 LAN: Yes WIRELESS LAN: IEEE 802.11b/g/n, IEEE 802.11g/n (Wi-Fi Direct) | | | | |
| | Scan COLOUR/MONOCHROME: Yes COLOUR DEPTH - INPUT/OUTPUT: 48 bit / 24 bit GREYSCALE - INPUT/ OUTPUT: 16-bit/8-bit | | | | |
| | Fax MODEM SPEED: ITU-T Super Group 3 SPEED DIAL: 200 MEMORY TRANSMISSION: Max. 170 pages | | | | |
| | DISPLAY Size: 2.7" TFT Color LCD MEMORY CAPACITY: minimum of 128MB POWER SOURCE: AC 220 V to 240 V 50/60Hz Supported OS: WINDOWS® OPERATING SYSTEM: Windows 7 SPI/8/8.1/10 Server 2008/2008, R2/2012/2012 R2/2016, MAC OPERATING SYSTEM: macOS v10.11.6/10.12.x/10.13.x | | | | |
| | Warranty: Minimum of 1 year | | | | |
| | page 1 of 2 | | | | |
| | 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 Accomplished : _____

Canvassed by:

Name and Signature



REQUEST FOR QUOTATION FOR THE PROCUREMENT OF GOODS AND SERVICES

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

| | |
|---------------------------|--|
| COMPANY NAME: | Quotation No. 23-05-256 |
| CONTACT No. | Purchase Request No. G-2023-05-0369 |
| Address: | Purpose: For printing of plans, programs and other documents |
| TIN No. | ABC: 106,000.00 |
| PhilGEPS Registration No. | Please indicate days of delivery: _____ Calendar Days |
| EMAIL ADDRESS: | upon receipt of Purchase Order |

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 |
|----------|--|----------|-----------------------|------------|-------------|
| 2 | CIS Colored Printer | 2 unit | | | |
| | Unit Specification: TECHNOLOGY Ink Technology: Manufacturer standard Printing Resolution: up to 5,760 x 1,440 DPI All-in-One Functions: Print, Scan, Copy PRINT Printing Speed ISO/IEC 24734: 10 pages/min Monochrome, 5 pages/min Colour Printing Speed: 15 pages/min Colour (plain paper), 69 Seconds per 10 x 15 cm photo (Premium Glossy Photo Paper), 33 pages/min Monochrome (plain paper) SCAN Single-sided scan speed: (A4 black) 11 sec. with flatbed scan; 200 DPI Single-sided scan speed: (A4 colour) 32 sec. with flatbed scan; 200 DPI Scanning Resolution: 600 DPI x 1,200 DPI (Horizontal x Vertical) Output formats: BMP, JPEG, TIFF, PDF Scanner type:Contact image sensor (CIS) PAPER/MEDIA HANDLING Number of paper tray/s:1 Paper Formats 16:9, DL (Envelope), No. 10, (Envelope), Letter, 10 x 15 cm, 13 x 18 cm, User defined, Legal, A4, A5, A6, B5, C6 (Envelope) Duplex:Manual Output Tray Capacity:30 Sheets | | | | |
| | Multifunction:100 Sheets Standard,100 Sheets Maximum,20 Photo Sheets Media Handling:Borderless print GENERAL Supply Voltage:AC 220 V - 240 V Consumables:Black yield 8,100 pages Colour yield 6,500 pages Compatible Operating Systems Mac OS 10.10.x, Mac OS 10.7.x, Mac OS 10.8.x, Mac OS 10.9.x, Mac OS X 10.6.8 or later, Windows 10, Windows 7, Windows 7 x64, Windows 8, Windows 8 (32/64 bit), Windows 8.1, Windows 8.1 x64 Edition, Windows Vista, Windows Vista x64, Windows XP, Windows XP x64, XP Professional x64 Edition Warranty: Minimum of 1 year on parts and services | | | | |
| | BY LOT | | | | |
| | page 2 of 2 | | | | |
| | 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