

REQUEST FOR QUOTATION FOR THE PROCUREMENT OF GOODS AND SERVICES

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

COMPANY NAME:	Quotation No. 23-10-837
CONTACT No.	Purchase Request No. I-2023-10-0298
Address:	Purpose: For use in the Investiture on December 11, 2023 and for Upcoming BulSU events and Programs
TIN No.	ABC: 39,500.00
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; and d) PhilGEPS Membership Certificate
6. All items must conform with the internationally accepted standard and sub-standard items shall not be accepted.

Pls. fill up this blank Space

ITEM NO.	ITEM & SPECIFICATION	QTY UNIT	BRAND & MODEL OFFERED	UNIT PRICE	TOTAL PRICE
1	SD CARD	3 pcs			
	General:				
	Storage Size: 64GB or higher				
	Form Factor: SDXC Card				
	Class: 10				
	Transfer Speed: up to 140Mbps				
	Warranty: up to 12 Months				
2	WIRELESS INTERCOM	1 set			
	General:				
	Headset Type: Single-Ear Master				
	Duplex Mode: Full-Duplex (FDX)				
	Modulation: GFSK				
	Carrier Frequencies: up to 1787MHz-1928MHz				
	Microphone Type: Condenser Microphone				
	Operating Range: Up to 1312ft (400m) without obstacles				
	Frequency Response: 300Hz-5KHz				
	Power Requirements: Li-ion Battery				
	3.7V/1200mAh USB-C DC 5V				
	Accessories included: Battery, charging cable, carrying case				
	Warranty: minimum of 1-year on parts, labor and onsite services				
	By Lot				
	NOTE: Please attach brochure and indicate days of delivery				

Accomplished by:

By the authority of the University President.

DR. CECILIA A. GERONIMO
BAC Chairperson

Supplier's Representative
(Print name and Signature)

Date Accomplished : _____

Canvassed by:

Name and Signature