



Republic of the Philippines
Government of Ormoc City
BIDS AND AWARDS COMMITTEE
Ormoc City

PAIAD

P.R. No.: 241261
Quotation No.: 243725-2153
PhilGEPs No.: _____

Standard Form Title: **REQUEST FOR QUOTATION**

Please quote your lowest price on the item/s listed below, subject to the General Conditions on the last page, stating the shortest time of delivery and submit your quotation duly signed by you or your authorized representative not later than _____

KATHERYN A. SOLAÑA
PROCUREMENT OFFICER

NOTE: (1) ALL ENTRIES MUST BE TYPEWRITTEN OR LEGIBLY WRITTEN.
(2) DELIVERY PERIOD WITHIN 25 C.D. UPON RECEIPT OF THE APPROVED FUNDED PURCHASE ORDER (P.O.). Administrative penalties pursuant to Sec. 69 of the Revised IRR-RA 9184 shall be for a minimum for non-delivery without valid reason.
(3) WARRANTY SHALL BE FOR A PERIOD OF THREE (3) MONTHS OF SUPPLIES & MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM DATE

OF ACCEPTANCE BY THE END-USER. (4) PRICE VALIDITY SHALL BE FOR A PERIOD OF SIXTY (60) DAYS. (5) G-EPS REG NO., MAYORs PERMIT, DTI/SEC, AND FOR ABC'S ABOVE 500K - ITR & OMNIBUS SWORN STATEMENT SHALL BE ATTACHED UPON SUBMISSION (6) BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATIONS OF THE PRODUCTS IF APPLICABLE. (7) THE APPROVED BUDGET CEILING FOR THIS PROCUREMENT IS (amount indicated below)
Php 213,000.00

| | Activities | Schedule | |
|---|-----------------------|------------------------|----------------------|
| | | FROM | TO |
| 1 | Issuance of Canvass | Thursday May 09, 2024 | Tuesday May 14, 2024 |
| 2 | Submission of Canvass | Wednesday May 15, 2024 | 10:00 AM |
| 3 | Opening of Canvass | Wednesday May 15, 2024 | 2:00 PM |

| # | Item and Description | QTY | UNIT COST | TOTAL |
|---------------|---|--------|-----------|-------|
| 1 | Duplicator/Duplicating Machine | 1 unit | | |
| | TYPE: | | | |
| | TABLE TOP | | | |
| | MASTER MAKING: | | | |
| | THERMAL DIGITAL | | | |
| | 23 SECONDS (A4. 100%) MASTER MAKING SPEED | | | |
| | RESOLUTION: | | | |
| | 300dpiX600dpi SCAN | | | |
| | 300dpiX600dpi PRINT | | | |
| | SCANNING METHOD: | | | |
| | AUTOMATIC DOCUMENT FEEDER | | | |
| | FLATBED SCANNER: | | | |
| | STENCIL PRINT | | | |
| | DOCUMENT TYPE: | | | |
| | SHEETS | | | |
| | DOCUMENT SIZE: | | | |
| | 271X420mm MAX | | | |
| | 100X148mm MIN | | | |
| | PAPER SIZE: | | | |
| | 297X420mm MAX | | | |
| | 100X148mm MIN | | | |
| | IMAGE AREA: | | | |
| Sub-Total >>> | | | | |

Brand and Model : _____ Warranty : _____
Delivery Period : _____ Price Validity : _____

After having carefully read and accepted your Conditions, I/We quote you on the item at prices noted above and hereby commit to deliver the same if adjudged to have the lowest and responsive quotation.

Business Name

Printed Name/Signature/Date

2024-05-241261



