

CITY GOVERNMENT OF TABACO OFFICE OF THE BIDS & AWARDS COMMITTEE REQUEST FOR QUOTATION / PROPOSAL

		IPP IN		Shopping	Section	52.1 ((b)]	Date:			
RF	Q No.	0607-2020	P.R. No.	20-0)9-1190		Office .	/ End-User:	•	l & Welfare Office (CSWD)	
		NAME:					_		ı	_	
	DRESS: L. NO./C	P NO ·									
112	L. 110., C	110					TERMS	AND CON	DITIONS		
To	o whom it	may concern:			All entries must be typewritten and legible;						
Please quote your lowest price/s on the lot or item/s below			2. Bidders must submit the following DOCUMENTARY REQUIRMENTS:								
Please quote your lowest price/s on the lot or item/s below, subject to Terms and Conditions indicated herein, stating the shortest				a.) Mayor's / Business Permit							
time of delivery and submit your quotation duly signed by your official				b.) BIR Certificate of Registration c.) PhilGEPS Registration No							
		e not later than 9:00 A.M.			d.) License to Operate (LTO) as Drug Wholesaler/Retailer/Distributor (Drugs and Medicines) License to						
the BAC Office, 2F Annex Bldg., Tabaco City Hall, Tabaco City.				Operate as Medical Supplies or Device Wholesaler/Retailer/Distributor for Medical Supplies e.)Brochure/Picture for Appliances, Equipments and Machineries.							
15	st Extension	n	Very truly you	ırs,	3. Place yout Proposal together with the documents Requirements in sealed envelope and type the ff. details on the face of the envelope:						
2n	d Extensio	n				source	Your Company	Name & Add	ress	on versper	
							PhilgGEPS Refe Solicitation No.		K NO.		
			ALWIN O. NU			Closing date and time (Note: WE DO NOT ACCEPT PROPOSAL/QUOTAT.					
	~		Procuring Offi	icer	1	SUBN	MITTED THROUG	GH E-MAIL)			
(CANVA	SSER'S CERTIFICA This is to certify th		owledge.	4. Delivery period must be at least within ten (10) calendar days upon receipt of the Notice of Award./Purchase Order (PO) or Contract.						
		and responsibility	in distributing	and / or	5.	Item/s	delivered must ha	ve warranties f	or the unit	J) of Contract.	
		the Request for Quo			6.		ements, parts, labo validity shall be for				
		lelines in securing ent of Tabaco.	g prices for t	the City	7.		d price must be inc nd shall not exceed				
	, , , , , , , , , , , , , , , , , , , ,	311 01 1 1 0 0 0 0			0	(ABC).		_		
					8.	appli	d and/ or model cable items.				
					9. 10.		oposal should be d action with the Cit				
		(Signat	ure over Printed	Name)		compliance by the winning bidder with the bid and delivery					
		Aut	horized Canvasso	ers	requirments before the issuance of check payment. 11. Failure to comply with these conditions shall mean						
	<u> </u>	1				disqua	alification of your l		LED / CONTE	A CTOD /	
	Project Name:		Purchase of La	ptop and Pr	inter	SUPPLIER / CONTRACTOR / CONSULTANT'S PROPOSAL BOX					
			rov.				Approved	Financial Proposal Technica		Technical	
No.		ITEM DESCRIPT	ION	Qty	Uı	nit	Budget of the Contract	(Indicate th	ne Price Offer)	Proposal (Indicate Brand	
		tem Name & Technical Sp	ecifications)				(ABC)	Unit Price	Total Price	/ Model Offer)	
		C <mark>omputer</mark> itel Core i5-825OU, 2G	D MAIDIA	1	un	it	42,500.00				
	•	MX 130, 4GB DDR4 N									
		ve, 802.11ac + bt, Web									
		ell Li-Polymer Battery, h Installed Windows 10									
_	Printer (Tionic	1	ur	it	9,900.00				
	Specs: Print, Scan, Copy, Printing Technology:										
	On-Demand Inkjet, Max Print Resolution: 5760 x 1440dpi, Max Copy Resolution: 300 x 300dpi,										
	Max Copy Size: A4, Letter, Max Paper Size:										
	215.9 x 1200mm (8.5 x 47.24), Scanner Type:										
	Flatbed Colour Image Scanner, Paper Feed										
		Iethod: Friction Feed, Paper Size: Legal, Indian egal (215 x 345mm), 8.5 x 13", Letter, A4, 16K									
	(195 x 27	70mm), B5, A5, B6, A6	, Hagaki (100 x								
		48mm), 5 x 7" x 4 x 6", Envelopes: #10, DI, C6 nterface: USB 2.0									
	interface	: USB 2.0			OTAL	(<u>Ph</u> p):	52,400.00				
Del	ivery Per				90		Warranty:				
D-4	0:		PPLIER / CONTI	RACTOR /	CONS	J LTA I	NT'S CERTIF	CATION			
uat		 fter having carefully re	ad and accepted vo	our General	conditio	ns. J /	We quote vou o	n the item/s :	at price/s noted	l above for	
imn		elivery and shipment wh							-	-	
		er Printed Name of the for / Mobile No.:	authorized represen	ntative:							