



REQUEST FOR QUOTATION FOR THE PROCUREMENT OF GOODS AND SERVICES

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

| | |
|---------------------------|--|
| COMPANY NAME: | Quotation No. 22-09-658 |
| CONTACT No. | Purchase Request No. G-2022-09-0910 |
| Address: | Purpose: For office use |
| TIN No. | ABC: 200,000.00 |
| PhilGEPS Registration No. | Delivery Period: 7 Calendar Days upon receipt of Purchase Order |
| EMAIL ADDRESS: | |

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 | PAPER SHREDDER | 4 units | | | |
| | 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, CDs/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 parts and services | | | | |
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| | NOTE: Please attach brochure and indicate days of delivery | | | | |
| | | | | | |

Accomplished by:

Supplier's Representative
(Print name and Signature)

Date Accomplished : _____

By the authority of the University President.

DR. DOLLY P. MAROMA
BAC Chairman

Canvassed by:

Name and Signature