



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

COMPANY NAME:	Quotation No. 23-05-269
CONTACT No.	Purchase Request No. G-2023-05-0388
Address:	Purpose: for office use only
TIN No.	ABC: 20,594.00
PhilGEPS Registration No.	Please indicate days of delivery: _____ Calendar Days
EMAIL ADDRESS:	upon receipt of Purchase Order

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**.

ITEM NO.	ITEM & SPECIFICATION	QTY/UNIT	BRAND & MODEL OFFERED	UNIT PRICE	TOTAL PRICE
1	<b>Scanner</b> Scanning: Scanner type: A4 sheet-fed, simplex color scanner Sensor Type: CIS Optical Resolution: 600x600 dpi Scanner Bit Depth (Colour/Grayscale): 48-bit input, 24-bit/16-bit input, 8-bit output Max Document Size: up to 216 x 1,117mm Output File Formats: Epson Scan 2: JPEG, TIFF, Multi-TIFF, PDF, Searchable PDF, BMP, PNG Scan Speed: ADF Monochrome (Simplex/Duplex) 200-300dpi: 25ppm/50ipm, 5.0ppm/10ipm 600 dpi: 5.0ppm/10ipm 5.0ppm/10ipm ADF Capacity: 20 sheets Automatic Duplex Scanning: Yes Daily Duty Cycle: up to 500 pages Connectivity: Standard USB 3.0 Supported OS: Windows XP/Vista/7/8/8.1/10, Windows Server 2003/2008/2012 Mac OS x 10.6.8 or later Warranty: Minimum of 1 year	1 unit			
	<b>NOTE: Please attach brochure and indicate days of delivery</b>				

**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

**BulSU-OP-PU-03F3**  
**Revision: 1**