Republic of the Philippines
Department of Education
Region VI - Western Visayas
Division of Silay City
City of Silay

BIDS AND AWARDS COMMITTEE

Request for Quotation (RFQ)

To all Eligible Suppliers:

I. Please quote your lowest price inclusive of VAT on item/s listed below subject to the Terms and Conditions of this RFQ and submit your quotation duly signed by your representative not later than 12-11-18 10:00 AM at the **Office of the Bids and Awards Committee, Division of Silay City, City of Silay.** For more information please call at telephone nos. 4584406 / 4417153. Prospective supplier shall be responsible to verify the quoted goods /items from herein stated office thru said telephone numbers. Price quotations in excess of the herein-stated budget shall be rejected.

FEDERICO P. PILLON, JR.
BAC Chairperson

II. **PARTICULARS**

ABC in Php	Item No.	Quantity	Unit	AGENCY SPECIFICATION	BIDDER SPECIFICATION	BRAND OFFERED	Unit Price	Total Price
198,000.00	1	4	Unit	**Copier, with Network Printer, & Color Scanner**				
				Specication:				
				Speed: 20CPM/20PPM				
				Back to Back copy				
				250's + 100's =350's paper capacity				
				Zoom Range: 25% - 400%				
				Max paper & copy size: A3 (11"X17")				
				Warm up Time: 25 seconds				
				Cotinous copy: Max 999 copies				
				Scan once print many				
				Resolution: 600X 600 dpi				
				Lifetime free service warranty (bi-monthly preventive maintenance check -up)				
	PR NO.2018 -396 dtd _____ABC Php 198,000.00 Copier, with Network Printer, & Color Scanner							

For interested bidders, please submit the following documents together with your quotation: **1) Valid and Current Mayor's Permit (2017): 2) Income/ Business Tax Return; 3) Valid and Current PhilGEPS Registration Certificate/Number; 4) Professional License/ Curriculum Vitae (Consulting Services); 5) PCAB for Infra and, 6) Omnibus Sworn Statement.**

Canvassed by : _____

Supplier's Company Name:						
Address:						
Tin NO.:			**PhilGEPS Registration Number**			
Telephone No.:			**Fax No.:**		**E-mail:**	
Supplier's Authorized Representative Signature over Printed Name:					**Date:**	