



Republic of the Philippines

OFFICE OF THE DEPUTY OMBUDSMAN FOR THE MILITARY AND OTHER LAW ENFORCEMENT OFFICES

3rd Floor, Ombudsman Bldg., Agham Road, Diliman, Quezon City (1104), Philippines

Tel. No. 926-87-44; Telefax No. 926-46-68

Website: www.ombudsman.gov.ph

OPEN CANVASS

P.R. NO. 16-052;16-077;16-078

DATE: 3/2/2016, 3/3/16

Gentlemen:

Please quote your lowest government price for the following items specified below: Check/tick the "COMPLY" box if bidder complies with OMB-MOLEO Specification. A quotation containing unchecked/unticked "COMPLY" boxes would be automatically rated as "FAILED."

TEM NO	Unit	OMB-MOLEO SPECIFICATIONS	Kindly tick the box to signify compliance to the specification	QTY.	Unit Price	Total Price
		ABC: P4,500.00				
01	UNIT	INDUSTRIAL EXHAUST FAN	<input type="checkbox"/> comply	1		
		Voltage: 380/220, Input Power: 370w (min)	<input type="checkbox"/> comply			
		Blade Diameter: 790mm Speed: 630 rpm (min)	<input type="checkbox"/> comply			
		Maximum airflow: 28000 m3/h	<input type="checkbox"/> comply			
		ABC: P 24,000.00				
02	UNIT	AIR PURIFIER	<input type="checkbox"/> comply	1		
		Description: Air Purifier with humidifier	<input type="checkbox"/> comply			
		Modes:Auto/pollen/high/mid low	<input type="checkbox"/> comply			
		Filter: HEPA filter Monitors: Dust Monitor	<input type="checkbox"/> comply			
		ABC: 9,000.00		6		
03	UNIT	ELECTRIC FAN	<input type="checkbox"/> comply			
		Type: Stand Fan	<input type="checkbox"/> comply			
		Blade size: 16" Blade Make: 3 leaf plastic blades	<input type="checkbox"/> comply			
		Voltage: 230v	<input type="checkbox"/> comply			
USE ONLY OMB-MOLEO OFFICIAL CANVASS FORM						

Deadline of Submission: _____

TOTAL: _____

Important:

1. Prices and specification for the bid should be valid for 30 days.
2. DELIVERY PERIOD: Monday to Friday, working days only.
3. Term of Payment: CHARGED ACCOUNT, unless specified.
4. The total price quoted above is subject to withholding tax and payable check.
5. For NON-ACCREDITED OFFICE OF THE OMBUDSMAN suppliers, please call 926-87-44 regarding accreditation requirements.

Supplier's Representative (Print Name)

BY AUTHORITY OF THE
DEPUTY OMBUDSMAN FOR THE MOLEO

Signature/Date

REMEDIOS S. SOBREMISANA
Chief Administrative Officer

Canvassed by: _____

Date: _____

