



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. 16-080;16-081;16-083

DATE: 3/3/2016

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: P22,500.00				
01	UNIT	FAX MACHINE	<input type="checkbox"/> comply	3		
		Type: Plain Paper Fax Information Line: 2-line LCS Screen	<input type="checkbox"/> comply			
		Memory: 28 page document memory (min)	<input type="checkbox"/> comply			
		Other considerations: with error correction mode, quick scan,	<input type="checkbox"/> comply			
		10 pages, ADF, copier function	<input type="checkbox"/> comply			
		ABC: P 4,500.00				
02	UNIT	BASIC SINGLE LINE PHONE (TELEPHONE)	<input type="checkbox"/> comply	6		
		Type: Corded Telephone	<input type="checkbox"/> comply			
		Functions: phonebook, volume control, 1 ringtone,	<input type="checkbox"/> comply			
		1 radial memory	<input type="checkbox"/> comply			
USE ONLY OMB-MOLEO OFFICIAL CANVASS FORM						

Deadline of Submission: _____

TOTAL: _____

Important:

1. Prices and specifications 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.

BY AUTHORITY OF THE
 DEPUTY OMBUDSMAN FOR THE MOLEO

REMEDIOS S. SOBREMISANA
 Chief Administrative Officer

Canvassed by: _____

Date: _____

 Supplier's Representative (Print Name)

 Signature/Date

