



OPEN CANVASS

P.R. NO. 16-073;16-074;16-075;16-076

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: P22,680.00				
01	UNIT	TELEVISION SET	<input type="checkbox"/> comply	1		
		Size: 32" LED TV	<input type="checkbox"/> comply			
		Resolution: 1920x1080 HD Capability: HD Ready	<input type="checkbox"/> comply			
		Other considerations: Wall Mountable (wall bracket included)	<input type="checkbox"/> comply			
		ABC: P 28,000.00				
02	UNIT	TELEVISION SET	<input type="checkbox"/> comply	1		
		Size: 40" LED TV	<input type="checkbox"/> comply			
		Resolution: 1920 x 1080 HD Capability: Full HD	<input type="checkbox"/> comply			
		Backlight: LED Backlight HDMI: HDMI port (2x)	<input type="checkbox"/> comply			
		USB: USB 2.0 (x1)	<input type="checkbox"/> comply			
		ABC: 64,000.00		2		
03	UNIT	REFRIGERATOR SET	<input type="checkbox"/> comply			
		Type: Top Freezer Size: 12 cu. Ft.	<input type="checkbox"/> comply			
		Total Capacity: 234L (min) Ref Capacity: 181 L (min)	<input type="checkbox"/> comply			
		Freezer Capacity: 53 L (min)	<input type="checkbox"/> comply			
		Other considerations: Smart Inverter, LED lighting	<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: _____

