



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. 16-159  
 DATE: 8/24/2016

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
		<b>ABC: P18,400.00</b>				
	ROLL	3.5mm THHN WIRE, 150 m/ROLL	<input type="checkbox"/> comply	1		
	ROLL	FLAT CORD #16, 2-WIRE, 150 m/ROLL	<input type="checkbox"/> comply	1		
	PCS	ELECTRICAL PLUG (MALE). 2 PINS/POLES, HEAVY DUTY	<input type="checkbox"/> comply	50		
		COLOR BLACK, FOR EXTENSION WIRES	<input type="checkbox"/> comply			
	PCS	ELECTRICAL TAPE, COLOR BLACK, 0.16mm x 19mm x8m	<input type="checkbox"/> comply	10		
	PCS	CONVENIENCE OUTLET, DUPLEX, SURFACE MOUNTED	<input type="checkbox"/> comply	60		
		(FOR EXTENSION WIRE)	<input type="checkbox"/> comply			
	PCS	CONVENIENCE OUTLET, DUPLEX WITH PLATE AND COVER,	<input type="checkbox"/> comply	25		
		RECESSED/FLUSHED TYPE				
<b>USE ONLY OMB-MOLEO OFFICIAL CANVASS FORM</b>						

Deadline of Submission: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Important:

- Prices and specifications for the bid should be valid for 30 days.
- DELIVERY PERIOD: Monday to Friday, working days only.
- Term of Payment: CHARGED ACCOUNT, unless specified.
- The total price quoted above is subject to withholding tax and payable check.
- 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

