



OPEN CANVASS

Tel/Fax: _____

P.R. NO.: _____

DATE: _____

12-Apr-16

Bidder's PHILGEPSS REGISTRATION CERTIFICATE NO. _____ Valid Until: _____	Manufacturers, suppliers, distributors, contractors &/or consultants are Mandated to register with PhilGEPSS & provide a PhilGEPSS Registration Number... as a condition for award of the contract" <i>(Please see GPPB Resolution No. 30-2013 dated 25 October 2013)</i>
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Gentlemen:

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

Item No.	ABC (P)	Qty./ Unit	OMBUDSMAN SPECIFICATIONS	Kindly tick the box to signify compliance to the specs.	UNIT PRICE	TOTAL PRICE
1	₱20,000.00	4 units	FLAT BED SCANNER			
			Min. System Requirement:			
			PC: Windows XP (SP2 or later), Vista, 7, 8 or 8.1; Mac: OS X 10.6.x, 10.7.x, 10.8.x, 10.9.x or 10.10.x	<input type="checkbox"/> comply		
			Networking: Wired	<input type="checkbox"/> comply		
			Scan Method: FlatBed	<input type="checkbox"/> comply		
			Connectivity: USB 2.0	<input type="checkbox"/> comply		
			Bit Depth: 48	<input type="checkbox"/> comply		
			Resolution: Up to 4800	<input type="checkbox"/> comply		
			NOTE: Please attached brochure			

Deadline of submission _____

TOTAL: _____

(Late bids shall not be accepted.)

IMPORTANT:

1. ATTENTION: A bidder who submits a quotation is REQUIRED to download this RFQ from the PHILGEPSS website before the closing date for inclusion in the PHILGEPSS Document Request List (DRL).
2. Bids should be valid for 45 days counted from the deadline of submission.
3. DELIVERY PERIOD: 10 WORKING DAYS upon the receipt of the Purchase Order (Please state the number of days of delivery if beyond the required 10 working days.)
4. In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent (1%) for every day of delay shall be imposed.
5. Term of Payment: CHARGED ACCOUNT, unless specified
6. The total price quoted above is subject to withholding tax and payable check.

Supplier's Representative (Print Name)

 Signature / Date

**BY THE AUTHORITY OF THE
 DEPUTY OMBUDSMAN FOR LUZON:**

**(Sgd.) IRMINA H. BAUTISTA
 BAC Chairperson**

