



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. 16-097
 DATE: 3/16/2016

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."

ITEM NO	Unit	OMB-MOLEO SPECIFICATIONS	Kindly tick the box to signify compliance to the specification	QTY.	Unit Price	Total Price
ABC:		P376,340.08				
	pails	Latex Paint (Prime/Base Coat)	<input type="checkbox"/> comply	44		
	pails	Latex Paint (semi gloss, Top coat)	<input type="checkbox"/> comply	110		
	pails	Latex Paint Putty (Masonry)	<input type="checkbox"/> comply	15		
	pcs	Roller Brush, 8"	<input type="checkbox"/> comply	5		
	pcs	Roller Brush, 4"	<input type="checkbox"/> comply	5		
	pcs	Paint Brush, 2"	<input type="checkbox"/> comply	5		
	pcs	Sanding Paper #120	<input type="checkbox"/> comply	75		
	pcs	Sanding Paper #180	<input type="checkbox"/> comply	100		
	pcs	Sanding Paper #200	<input type="checkbox"/> comply	100		
	pcs	Sanding Paper #220	<input type="checkbox"/> comply	50		
	pcs	Spatula 4" wide (paint scripper)	<input type="checkbox"/> comply	5		
	pair	Patela	<input type="checkbox"/> comply	10		
	pcs	Cloth Rug/drop cloth	<input type="checkbox"/> comply	50		
	roll	Masking Tape	<input type="checkbox"/> comply	20		
	gal	Paint Thinner	<input type="checkbox"/> comply	5		

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

