

## Department of Education

REGION X – NORTHERN MINDANAO SCHOOLS DIVISION OF EL SALVADOR CITY

Name of Procuring Entity: <b>EL SALVADOR CITY DIVISION</b>	Request for Quotation (P.R. No.):2021-04-0054

Revised on: Date:

Standard Form/Title: REQUEST FOR QUOTATION End-User: EL SALVADOR CITY DIVISION

**COMPANY NAME:** 

**ADDRESS:** 

TEL NO./FAX NO.: TIN NO:

Please quote your lowest price for the package described below, subject to the Terms and Conditions stated below and submit your quotation duly signed by your representative not later than 9:00 A.M. of April 23, 2021 in the return envelope attached herewith.

## **TERMS and CONDITIONS:**

All entries must be typewritten or legibly written.
PhilGEPS Registration Certificate shall be attached upon submission of the quotation.

3. Bidders shall submit original brochures showing certifications of the package, if applicable.

4. Agency may proceed with procurement upon receipt of three (3) quotation.



Lot No.	Item No.	ITEMS & DESCRIPTION	QTY	UNIT	PRICE QUOTATION
		PROCUREMENT OF PRINTER			
		-Print Method: On-demand inkjet (Piezoelectric)		DOG	
	1	-Maximum Print Resolution: 720 x 720 dpi (with	10	PCS	
		Variable-Sized Droplet Technology)			
		-Minimum Ink Droplet Volume: 3pl -Print Speed: ISO 24734, A4 Simplex (Black /			
		Colour):			
		Up to 8.5ipm / 4.5ipm			
		-Standard Paper Input Capacity: Up to 50			
		sheets, A4 Plain paper (75g/m2)			
		-Paper Feed Method:			
1		Friction feed			
		-Print Margin: 3mm top, left, right, bottom			
		-Dimensions (W x D x H): 461 x 215 x 130 mm			
		-Weight: 2.4kg			
		-Standard Capacity Black: 4,500 pages *1 - 664			
		Standard Capacity of each color; Cyan, Magenta,			
		& Yellow: 7,500 pages (Composite Yield) *1 – 664			
		ABC: Php. 90,000.00		1	
	2	EPSON INK, 003 (black)	89	bottles	
		ABC: Php. 26,735.28			
Total ABC: Php: 116,735.28		Total Quotation:			
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*refer to POW/Technical	Specifications for detail	s.
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After having carefully read and accepted your General Conditions, I / We quote you on the item(s) at prices note above.

Printed Name / Signature Date / Contact Number



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