Republic of the Philippines
OVERSEAS WORKERS WELFARE ADMINISTRATION
Regional Welfare Office – National Capital Region
2/F STWLPC Bldg., 336-338 Sen. Gil Puyat Ave., Pasay City

No.: NCR-2024-06-008 Date: 04 June 2024

REQUEST FOR QUOTATION / PROPOSAL

Sir/Madam:

Please quote your lowest net price/s (taxes included) on the lot or item/s below, subject to the General Conditions indicated herein, stating the shortest time of delivery and submit your quotation using your company letterhead or this form duly signed by your official representative, not later than 11 June 2024, 10:00a.m.

Procurement and Pro Officer Designate

LORNA R. OBEDOZA Chief, Administrative and Finance Division

ROJEC	T TITLE/NAME: Supply and Delivery of Document Scanner					S/SUPPLIER'S FFER
ITEM	SPECIFICATIONS	QTY	UNIT	APPROVED BUDGET FOR CONTRACT (ABC)	UNIT COST	TOTAL
NO.					Unit Price (VAT Inclusive)	
1	Supply and Delivery of Document Scanner	4	Unit	Php 140,000.00		
	Specs:					
	Type: Sheet-fed, one-pass duplex color scanner					
	Sensor Type: Color Contact Image Sensor (CIS)					
	Auto Document Feeder: 50 sheets paper					
	Paper Size: 8.5" x 240" max., 2" x 2" min.					
	Light Source: 3-color RGB LED					
	Optical Resolution: 600 dpi					
	Output Resolution: 50 - 1200 dpi					
	Maximum Hardware Resolution: 600 dpi					
	Maximum Interpolated Resolution: 1200 dpi					
	Color/Grayscale Scan Mode (Bit Depth): RGB x 30-bit					
	input/24-bit output					
	Buttons: Double Feed Detect Skip, Slow Scan Mode, Scan, Stop					
	Paper Weight: 27 – 413 g/m ²					
	Scan Speed (letter-size)					
	35 ppm/70 ipm: 300 dpi Black & White, Color, Gray					
	Connectivity: SuperSpeed USB 3.0					
	Daily Duty Cycle ² : 4,000 sheets		1			
	Consumables: Roller assembly kit: 200,000 cycles					
	1 year warranty parts and service					
	•The supplier shall supply products which comply with the latest version of the International ENERGY STAR requirements.					
	Additional Documentary Requirements must be submitted upon submission of offer:					
	1. PhilGEPS Certificate or PhilGEPS Registration Number					
	2. Mayor's/ Business Permit					
	Please take note that the Omnibus Sworn Statement shall be submitted within 5 days upon acceptance of Notice of Award. Note: Bidders may also submit their bid proposal and supporting					
	Note: Bidders may also submit their bid proposal and supporting documents through email address: owwancr.procurement@gmail.com					

GENERAL CONDITIONS

- Entries must be typewritten / if handwritten, it must be clear and legible;
 Bidders must submit certificate of PHILGEPS Registration;
 Bidders must submit necessary business permits (SEC, LGU, DTI, CDA, etc.);
 All quotation can be submitted through the following means: a) in a SEALED ENVELOPE, or b) thru ELECTRONIC MAIL, or c) FACSMILE. Label the envelope with the following:
 Bidder's Company Name

PHILGEPS Reference No. Project Title/Name

PR No.

- Item/s delivered must have warranties for unit replacements, parts, labor or other services; 5.
- Quoted prices must be inclusive of taxes and shall not exceed Approved Budget for Contract (ABC); 6.
- Proposal/Quotation submitted without signature of the authorized signatory shall not be accepted; Proposal/Bid modifications submitted beyond the scheduled deadline shall not be considered; Price quoted/submitted on the deadline shall be considered as final and unalterable;
- Use of non-discretionary/non-discrimatory selection criteria as tie-breaking method in case of two or more bidders determined and declared as the Lowest Calculated and Responsive Bidder (LCRB) in accordance with GPPB Circular No. 06-2005.
- The OWWA reserves the right to accept or reject any bid, to annul the bidding process, and to reject at any time prior to contract award, without thereby incurring any liability to the affected bidder or bidders.

DELIVERY: 15 days upon receipt of Purchase Order (PO) and Notice to Proceed (NTP)

TERMS OF PAYMENT: Government Terms
PRICE VALIDITY: 60 days from date of quotation/proposal

(Company Name)				
(Print No	ame and Signature of Authorized			
	(Designation)			
	(Contact Number)			
	(Date)			