



Republic of the Philippines
Department of Migrant Workers
OVERSEAS WORKERS WELFARE ADMINISTRATION
Cordillera Administrative Region



Hotline: 09175001294 / 09999949296

Email add: car@owwa.gov.ph

REQUEST FOR PRICE QUOTATION

RFQ: 01-0223

Gentlemen:

Please quote your lowest net prices, taxes included, on the items mentioned and submit your quotation to the Overseas Workers Welfare Administration, 2nd Floor Gestdan Centrum 80 Bokawkan Road, Corner P. Burgos, Baguio City not later than _____ at which time all submitted sealed proposals shall be opened.

We reserve the right to reject any or all bids.

PHILGEPS REFERENCE NUMBER: 11668268

ABC: PHP 136,800.00

Very truly yours,

LUZVIMINDA E. TUMALIUAN

OWWO V/PSD

DATE: _____

| ITEM QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE |
|----------|------|---|------------|
| | | LEASE / RENTAL OF PHOTOCOPIER MACHINE FOR RWO CAR FOR FY 2025 | |
| 2 | UNIT | RENTAL OF PHOTOCOPIER | |
| | | Machine Features: Fully automated heavy duty monochrome digital copier/network printer/color scanner Automatic duplex, automatic document feeder capacity: 110 sheets or higher Automatic sorter/electronic collation Speed: 45 or higher per minute (scan/print/ copy) Standard paper capacity: 2,000 sheets or more for 3-4 cassette trays and bypass tray Paper thickness up to 256 gsm (A5 to a53 size) Standard memory: 47 GB or higher High print resolution: 1200 x 1200 dpi or higher Zoom (reduce/enlarge) from 25 % to 400 % | |
| | | (January - December FY 2025) | |
| | | ***NOTHING FOLLOWS*** | |

1. Supplier must be **PHILGEPS registered**,

2. Price quotation shall be firm, irrevocable and **not subject to any change**

3. Delivery term; Within maximum of **3-5 working days** upon receipt of Purchase Order and NTP

4. Supplier should warrant that all items are in **accordance with the specifications**. If any of the items do not meet the specifications, a replacement (of same / concordance with the quality) is necessary within 2 days.

5. Check payment will be released within **5 days upon completion of delivery of all items**, and after inspection of the BAC and Inspection committee.

****Bid price must be inclusive of taxes

Name of Store: _____

Address: _____

Contact Number: _____

Check Payable to: _____

Received by: _____

Name and Signature

TIN Number: _____

☐

VAT

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NON-VAT

Canvassed by: _____