PR No: SVP-2021-17?

Date: _____

GENTLEMEN:

You are hereby invited to qoute your price of the articles listed below for immediate delivery if available in your stock. Please submit your qoutation in sealed envelope to the Supply Officer, or thru the bearer on _____ before 3:00 PM. We may purchase from you all articles in qoutation subject to the existing regulation governing purchase in case your price should be most advantageous to the GOVERNMENT.

For inquiries, please call at Tel. No. (033) 320-7190 Loc 133.

CORAZON C. CORBAL, Ph.D.

Canvassed by: _____
Ms. Ann Lovelle D. Raja/ Mr. Lester John Rotersos
Printed Name and Signature

Chairman
Bids and Awards Committee

Delivery period upon receipt of orde____30____ Calendar Days   Approved Budget: (Php)   **100,000.00**

Item No.	ITEM		Quantity	Unit	Unit Cost
	Product Category				
1	Sound mixer	Sound mixer 16 channel original 16-channel mixing console Max n10 mic/16 line inputs (8 mono+4 stereo 4 GROUP buses + 1 stereo bus 4 AUX incl.FX) D-PRE mic peamps with an inverted darlington circuit 1-knob compressors high-grade effects: SPX with 24 programs 24-bit/192kHz 2in/2out USB audio functions works with the ipad (2or later) through the apple ipad camera connection kit/lightning to USB camera adapter includes cubase AiDAWn sofrware download version PAD switch on mono inputs +48Vphantom power XLR balance outputs Internal univrsal power supply for world-wide use Rack mount kit included Metal chassis Total harmonic distortion: 0.03% @ +14dBu (20 Hz to 20kHz), GAIN knob min, 0.005% @+24dBu (1kHz), GAIN knob: min Frequency response: +0.5 dB/- (20Hz to 48 kHz), refer to the nominal output leve4l @ 1kHz, GAIN knob: min (P50,000.00)/unit	2	unit	
		X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X			
		For official use at the university sound system			
		Requested by (Gregorio Onday)			

We hereby propose to furnish and deliver the above articles according to the specifications quoted above.

CONTRACTOR/ DEALER:
Address: _____   **Tel No:** _____
AUTHORIZED REPRESENTATIVE: _____

| NAME | Signature | Date |