-	Republic of the Philippines ILOILO SCIENCE AND TECHNOLOGY UNIVERSITY	Department:	Bids and Awards Committee
	La Paz, Iloilo City	Doc. Code:	QF-BAC-02
	REQUEST FOR QUOTATION	Rev. No.:	00
Andina	REQUEST FOR QUOTATION	Effective Date:	July 1, 2022
(PR/	SVP-2025-020 Date Doc Track No. Doc Track No.	: FEB 2 6 : 79104	2025

TO: ALL PROSPECTIVE SUPPLIERS

- The Iloilo Science and Technology University (ISAT U) through the <u>Office of the BIDS and AWARDS</u> <u>COMMITTEE</u>, intends to procure <u>Printer and Laptop</u> for CY 2025, in accordance with Section <u>53.9</u> (Negotiated Procurement – <u>Small Value Procurement</u> of the 2016 Revised Implementing Rules and Regulations of Republic Act No. 9184.
- The Approved Budget for the Contract (ABC) is <u>One Hundred Fifteen Thousand Pesos Only</u> (<u>115,000.00</u>). The period for the performance of this obligations shall not go beyond the validity of the appropriations for this project. For purposes of evaluation, comparison and ranking of bids/offers, the suppliers who submitted the single / lowest calculated responsive quotation shall be awarded the Purchase Order after evaluation by the Technical Working Group (TWG).
- 3. The Procurement Mechanism to be used is "BY LOT",
- 4. Please quote your best offer for item/s described herein, subject to the <u>(Terms of Conditions/Technical Specifications)</u> of this Request for Quotation (RFQ). Subject your quotation duly signed by your authorized representative not later than 3:00 PM on <u>MAR 1 4 2025</u> at the Procurement Management Office (PMO) BAC Secretariat Office, ISAT U, Burgos St., La Paz, Iloilo City. Quotations may also be submitted through email at the address and contact numbers indicated below.
- Quotation shall be enclosed in a sealed envelope and addressed the PMO BAC Secretariat at the address
 given above. The envelope should have the PR/JR Number boldly and conspicuously identified.
- 6. The successful proponent must be able to meet the following requirements:
 - 6.1 The Terms and Conditions/Technical Specifications, as provided.
 - 6.2 The Schedule of Requirements, as provided.
 - 6.3 A copy of your 2025 **Business Permit/Mayor's Permit** and **PhilGEPS Registration Number** is also required to be submitted along with your signed quotation/proposal. (see GPPB *Resolution No. 09-2020 Item 6.2*)
 - 6.4 The Omnibus Sworn Statement (GPPB-prescribed forms), Income/Business Tax Return for ABC's above PhP 500,000.00 will also be required to be submitted *prior to award*. (see GPPB Resolution No. 09-2020 Item 6.3)
 - 7. The quotation should be valid for sixty (60) calendar days from the due date indicated above.
 - 8. ISAT U reserves the right to request for additional documents that it deems necessary in order to make any decision or any quotation.
 - 9. All prospective suppliers must fill out the RFQ provided by ISAT U. Any quotation other than what is provided by the Procuring Entity (PE) or is patently not complying with the RFQ requirements may not be considered.
 - 10. ISAT U reserves the right to accept or reject any quotation, to annul the procurement process, or not to award the contract without thereby incurring any liability to the affected bidders.
 - Submission of quotation in response to this request shall be construed as commitment to undertake the services in accordance with the terms and conditions or specifications, and schedule of implementation set forth in this RFQ.
 - 12. For any clarification, you may contact us at (033) 320-7190 local no. 133 or email us at bac.isatu@gmail.com

ENIEDA G. CORONA BAC Chairperson

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INSTRUCTIONS

- 1. Accomplish this RFQ correctly, accurately, and completely.
- 2. Do not alter the contents of this form in any way.
- 3. All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
- 4. Failure to follow these instructions will disqualify your entire quotation.

TECHNICAL SPECIFICATION

- Please quote your <u>best offer</u> for item/s below. Please do not leave any blank items. Indicate "F" if the item offered is for FREE or "NA" for NOT AVAILABLE in the "Total Cost" if applicable.
- 2. Bidders must state <u>"Comply"</u> or any equivalent term in the column "Bidder's Statement of Compliance" against each of the individual parameters of each Specification.

			ABC per			To be filled up by		ed up by Suppl	Supplier	
item No.	Product Category	Description/Specification	Line Item (If applicable)	QTY	Unit	Bidder's Offer (State brand & model)	Bidder's Statement of Compliance	Unit Cost (VAT Inclusive)	Total Cost (VAT Inclusive)	
1	Printer	Print Method: PrecisionCore [™] Printhead, Maximum Resolution: 4800 x 1200 dpi, Copy Function: Maximum Copies from Standalone: 30 copies, Scanning: Scanner Type: Flatbed color image scanner, Paper Feed Method: Friction feed, Rated Voltage: AC 220-240 V, Network: Wi-Fi IEEE 802.11b/g/n, Wi-Fi Direct, Network Protocol: TCP/IPv4, TCP/IPv6, Operating System Compatibility: Windows XP SP3 / XP Professional x64 SP2/ Vista/ 7/8/8.1/ 10 / 11; Windows Server 2003/ 2008/ 2012/2016/ 2019/ 2022/; Server OS; Mac OS X 10.9. x or later		3	unit					

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2	Laptop	Processor: Core 17 Memory: 16G RAM Internal Storage: 512 GB SSD Screen Size: up to 16 inches genuine license, Application Software: Office Home and Student 2021 genuine, Power Supply: 65 W Smart AC Power adapter Wireless: Wi-Fi 6 and Bluetooth combo wireless card, Ports: 1 USB-type C, 2 USB type-A,1 HDMI, 1 headphone/microphone combo, Camera: 720p HD camera with temporal noise reduction and integrated dual array digital microphones, Audio: Dual speakers	1	unit		
F	or official	use. To be used in the operations of HRT Se (Requested by: REM			urniture and Fabr	ication Shop.
AMO	OUNT IN	WORDS:			TOTAL	

SCI	EDULE OF REQUIREMENT	
Particular	University Requirement	Supplier's Offers
Delivery Period	30 CD upon receipt of NTP	
Warranty Period	1 year	
After Sales Services (If applicable)		

SUPPLIER'S INFORMATION				
Supplier's Business Name				
Supplier's Business Address				
Contact No.				
Fax No.				
Email Address				
TIN No.				
PhilGEPS Registration No.				

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Signature over Printed Name

Position/Designation

Date

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