Republic of the Philippines DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS CAPIZ 2ND					
DISTRICT ENGINEERING OFFICE . Regional Office VI					
Name of Pro	curing Entity : DPWH-Capiz 2nd DEO Request for Quotation	(PRNo) ·	2024-09-00	40	
Name of Procuring Entity : DPWH-Capiz 2nd DEO Request for Quotation (F Revised on :					
		Date : E/End-User :			
COMPANY NAME :					
ADDRESS :					
TEL. NO./FAX No. : TIN :					
Please quote your lowest price on the item(s) listed below, subject to the Terms and Conditions stated below and submit your quotation duly signed by your representative not later than 2:00 P.M. of Sept. 19, 2024 in the return sealed envelope attached herewith, to the Bids and Awards Committe Office, Capiz 2nd District Engineering Office, Dumalag, Capiz.					
PROCUREMENT OF COPIER TO BE USED IN THE ADMINISTRATIVE SECTION (RECORDS UNIT).					
 All entries must be typewritten or legibly written. Delivery period within					
Item No.	ITEMS & DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL PRICE
1	Copier (A5-A3)	1	unit		
	Heavy Duty - A3 Full Color MultiFunctional Laser Printer/Copier/				
	Scanner with ADF (Automatic Documents Feeder)				
	Print, Copy & Scan				
	ADF Function/ADF Capability				
	Minimum Print/Copy Speed (A4) - (Mono/Color 28 PPM/28 IPM				
	Minimum Print Copy/Speed(A3) - (Mono/Color 23 PPM 23 IPM				
	Maximum Paper Copy/Scan Size System - A3 System Memory :6gb				
	Ethernet & USB (2.0 or 3.0)				
	1 year warranty (Lifetime Free Service) w/ monthly regular check-up				
	Faster Problem Response Time Resolution				
	Preferred response tine onsite within 2-24 hours upon notification.				
	Supplier must have proof of exclusive distributorship status of products				
	being offered for authenticity purposes.Must have Established Service				
	Center for at least five (5) years within Western Visayas				
			7		
After ha	ving carefully read and accepted your General Conditions, I / We	auote uou o	n the item(s)	at prices note abo	we If the space for
Delivery Period, Warranty and Price Validity are left blank, it means that I concur with the Terms and Conditions specified by DPWH.					
Printed Name / Signature / Date					

Tel. No. / Cellphone No. / E-mail Address