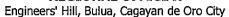


Republic of the Philippines DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS

REGIONAL OFFICE X





| Name of | Procuring Entity: | | Request f | or Ouotation (P.R | R. No.): X3-24-02-053 |
|--|---|--|---|--|--|
| Revised o | | . | Date: | February 12, 20 | |
| Standard | Form/Title: REQUEST FOR QUOTATION | | | d-User: FINANCE | |
| ADDRES | NY NAME: SS: ./FAX NO.: | | | TIN: | |
| | ······································ | 1 | · | | |
| Please your quo herewith Oro City. | e quote your lowest price on the item(s) listed below, station duly signed by your representative not later that, to the BAC Secretariat, 2nd Floor Administration Buil | subject to the an 10:00 am ding, DPWF | ne Terms ar n o <mark>MAR 2</mark> I Regional C | of Conditions state 2024 , the r office X, Engineers | ed below and submit eturn envelope attached s' Hill, Bulua, Cagayan de |
| TERMS | and CONDITIONS: | | | Qm. | 1 |
| 2. Delivery Purchase IRR-RA 3. Warrant Equipment 4. Price va 5. Attach (Statemen 6. The App 7. RFQ mu 8. Bidders 9. Please ii | es must be typewritten or legibly written. period within thirty (30) c.d. upon receipt of the approved funde e Order (P.O.) Administrative penalties pursuant to Sec. 69 of the R 20184 shall be imposed for non-delivery without valid reason. by shall be for a minimum of three (3) months for supplies & materi if from date of acceptance by the end-user. Ididity shall be for a period of sixty (60) calendar days. Certified True Copy of PhilGeps Registration Number, Mayor's Permit tit (if ABC is above 50K), Income/Business Tax Return if ABC st be signed by an authorized signatory. shall submit original brochures of the product (if applicable) indicate the brand for each items being offered. In the state of the product (if applicable) indicate the brand for each items being offered. In the state of the product (if applicable) Indicate the brand for each items being offered. In the state of the product (if applicable) | evised als; one (1) year and Omnibus s above P50 | S Sworn I S OK. I e I S | Chief, Constr BAC CI | NAYVE, AEr uction Division hairman |
| Item No. | ITEMS & DESCRIPTION | QTY. | UNIT | UNIT PRICE | TOTAL PRICE |
| IT-S-017 | HEAVY DUTY SCANNER - A3 | 2 | units | | P |
| 21 0 027 | Description: For daily document scanning | | Gilles | | - |
| | General | | | | |
| | Scan Technology: Flatbed with Automatic Document Feeder (ADF) or Sheetfed Sensors: Charged Coupled Device (CCD) or Contact Image Sensor (CIS); Ultrasonic sensor for multifeed detection Scan Speed: 30ppm | | | | |
| | Color Depth: 24-bit | | 1 | | |
| | Scan Resolution: 600dpi | | | | |
| | Duty Cycle (daily): 4,000 pages | | | | |
| | File Format: PDF, searchable PDF, JPG, BMP, TIFF | | | | |
| | File Destination: USB, Network Folder, Scan to Email, Scan to Management Software | | | | |
| | Duplex Scanning: Automatic two-sided scanning | | | | |
| | Network Interface: Gigabit Ethernet | | | 1 | |
| - | IO Ports: USB 2.0; Ethernet (RJ-45) | | | | , |
| | Paper Handling | | - | | |
| | Maximum Media Width: A3 (11.7 in x 17 in) | | | | |
| _ | Media Type: Paper (bond, light, heavy, plain, recycled, rough), envelopes, labels, cardstock, photo, brochures | | | | |
| | Software | | | | |
| _ | Compatible OS: Windows 11, 10, 8.1 (32-bit and 64-bit) | | | | |
| | Management Software: Pre-installed scanning applications software | | | | |

| | Drivers: Original CD/DVD copy or in any electronic | | | | | |
|-------------------|--|--|--|-----------------|-----------------|--|
| | media storage. Must be compatible with 32-bit and | | | | | |
| | 64-bit operating systems. | | | | | |
| | Accessories | | | - | | |
| | Cables and Connectors: All necessary cables and | | | | | |
| | connectors; patch cable (CAT6, factory crimped | | | | | |
| | with RJ-45 connector, 5 meters, preferably color | | | | | |
| | orange) | | | | | |
| | Other Requirements Brand and Model: Must be an International Brand | | | | | |
| | | | | | | |
| | Name with existence of at least ten (10) years in | | | | | |
| | the Philippines. Unit model must be in current catalog and not end-of-life. Manufacturer's | | } | | | |
| | certificate is required. | | | | | |
| - | | ······································ | | | | |
| | Regulatory: ENERGY STAR certified (with Energy | | 1 | | | |
| | Star Stamp). For Scanner that do not carry Energy | | | | | |
| | Star label, an appropriate means of proof of Energy | | | | | |
| | consumption level shall be submitted such as | | | | | |
| | technical dossier of the manufacturer or attest | | | | | |
| | report from a recognized body to demonstrate | | | | | |
| | compliance with this requirement. | | | | | |
| | Documentation and Media: The equipment shall | | | | | |
| | be supplied with standard manufacturer | | 1 1 | | | |
| | documentation, on any electronic storage media | | | | | |
| | and hard copy version where available. Warranty and Maintenance: The Supplier is | | + | | | |
| | required to provide one (1) year warranty for parts | | | | | |
| | and oniste labor from the date of the Inspection | | 1 1 | | | |
| | and Acceptance Report (IAR). | | 1 1 | | | |
| | Technical Support: The local technical support | | + | | | |
| | through telephone and email, 8 hours per day | | | | | |
| | (8:00am-5:00pm), 5 days a week (Monday-Friday) | | | | | |
| | for problem resolution. Support shall have a | | | | | |
| | response time of next business day. | | | | | |
| | -&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&& | | | | | |
| | TOTAL AMOUNT | | ŀ | | P | |
| | Please write total amount in words | | | | | |
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| | | | | | | |
| | | | | | | |
| | Please specify brand name, if applicable. | | | | | |
| | i lease speeny statia flatticy ii applicable! | | <u> </u> | | | |
| PURPOS | SE: For administrative use of Finance Division | | | | | |
| Brand an | nd Model: | | Marranty | | | |
| Delivery Period: | | | Warranty: Price Validity: | | | |
| | | | • | | | |
| Af | ter having carefully read and accepted your Gene | eral Condit | ions, I / We | quote you in | the item(s) at | |
| price | s note above. If the space for Delivery Period, V | Varranty at | nd Price Vali | dity are left l | olank, it means | |
| that : | I concur with the Terms and Conditions specified | by DPWH | l. | | | |
| | BAC-Secretariat: | | - | ad Na (5) | to a Date | |
| Tel. No. 853-2012 | | | Printed Name/Signature/Date | | | |
| | Fax No. 853-2060 | | | | | |
| | | | Tel. No./Cellphone No./E-mail Address | | | |

Website: www.dpwh.gov.ph Tel. No(s).: (088) 858-8502 / (088) 858-7679

