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REQUEST FOR QUOTATION (SHOPPING B)

October 11, 2024

Date

Dear Supplier/Service Provider

You are hereby informed that the Davao Oriental State University (DOrSU) wherever deemed proper and authorized under Rule XVI, IRR of RA 9184, will receive sealed price quotation for the supply/delivery of the following items/goods or services at DOrSU, City of Mati, Davao Oriental where the said quotation will be opened on _____ or wherever deemed necessary as indicated below:

Qty	Unit	Item	Description/Performance of the Item (atleast, the minimum)	Unit Price	Total Cost
2	pcs	UPS	-1000VA, 600Watts, 220volts	_____	_____
1	pc	Laptop	-Processor Speed 1.8 GHz -Processor Speed (turbo) 4.3 GHz -Processor Core Octa Core -Standard Memory 16 GB -Maximum Memory upgradable to 32 GB -Memory Technology DDR4 SDRAM -Total Solid State Drive Capacity 512 GB -Screen Size 39.6 cm (15.6") -Display Screen Technology Twisted Nematic (TN) -Screen Resolution: 1920 x 1080 -HD Audio Yes -Speakers Yes -Number of Speakers 2 -Wireless LAN Yes -Wireless LAN Standard IEEE 802.11 a/b/g/n+ac+ax -Ethernet Technology Gigabit Ethernet -Bluetooth Yes -Bluetooth Standard Bluetooth 5.1 or above -Webcam Yes -Webcam Resolution (front) 1280 x 720 -Microphone Yes -HDMI Yes -Number of USB 3.2 Gen 1 Port 3 -Number of USB 3.2 (Type-C) Ports 1 -Headphone Yes -Power Supply 3-pin 65 W -AC Adapter	_____	_____

Approved Budget: P 56,000.00

PR #: 2024-10-943

Date: 26/9/24

Requesting Unit/Office : OSVCE

Small Value Procurement Documentary Requirements :

1. Mayor's/Business Permit
2. PhilGEPS Registration Number
3. Income/Business Tax Return (for ABCs above P500,000.00)
4. Omnibus Sworn statement (for ABCs above P50,000.00) before the issuance award
5. External Provider form (from DOrSU)

The Bids and Awards Committee:

I hereby submit my/our offer at the price indicated opposite the items and agree to the terms and conditions of this as stated on the flipside of this Request/Invitation.

Canvassed/Distributed by:

Date: _____

sgd
DR. CHERYLL L. BAUTISTA
BAC Chairperson

Name of Establishment

Authorized Signature