STATE UNIVERSITY

DAVAO ORIENTAL

"A University of excellence, innovation, and inclusion"



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 FM-DOrSU-PROC-09

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## **REQUEST FOR QUOTATION (SHOPPING B)**

<u>1/28/2025</u> 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,	Unit	Total				
29	om		the minimum)	Price	Cost				
3	unit	Projector	RGB Liquid Crystal Shutter, LCD, 3,800 Lm, XGA Resolution, Connectivity and Inputs:HDMI						
3	pcs	AD-Link HDMI Cable	HDMI to HDMI Cable Gold Plated Redmesh						
1	unit	Document Scanner	Duplex Sheet, Fed Document Scanner, Automatic Document Feeder (ADF), Light Source: RGB LEDOptical Resolution: 600 x 600 dpi, Output Resolution: 50-1,200 dpi, Document Size: 215.9 x 6096 mm, up to A3 document size, Connectivity: 3.0						
3	unit	Desktop Computer	8 core CPU, 16 GB RAM, 265GB SSD, 1 TB HDD, 24" monitor screen size, 1000 VA-UPS, USB keyboard, USB mouse						
4	unit	Printer	3 in 1 (printing, scanning, copying) wifi, all in one ink tank printer with automatic document feeder (ADF), duplex wide-format						
3	unit	External Hard Drive	2TB						
Approved Budget: P 327,950.00									

PR #:	2025-01-0033	Date:	1/16/2025	Requesting Unit/Office :	BC					
Shopping B Documentary Requirements :										
2	S/Business Permit									
	PS Registration Number	<b>)CI</b> I)		sgd DR. CHERYLL L. BAUTISTA						
5. Externa	al Provider form (from DC	)(50)		BAC Cha						
				DAC Clia	Inperson					

## 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:

Name of Establishment

Date:\_\_\_\_\_

Authorized Signature