



UNIVERSITY OF THE PHILIPPINES  
UP Manila  
Taft Avenue, Manila

**Request for Quotation**  
**PROCUREMENT OFFICE**

Date : September 10, 2020  
RFQ No. : PR2020-23  
Modality : SMALL VALUE PROCUREMENT

Please quote at your government price inclusive of VAT and state the time within which you can make delivery. It will be appreciated if we can have your sealed quotation duly signed by your representative at the UP Manila Internal Audit Office located at UPM Student Dormitory located along Pedro Gil, Taft Ave., Manila not later than **3:00 PM, 26 AUGUST 2020**.

**General Conditions:**

1. All entries must be typewritten or in print.
2. Delivery for a minimum period of 15 calendar days.
3. Warranty shall be for a period of six (6) months for supplies and materials, one (1) year for equipment, from the date of acceptance by the procuring entity.
4. Price validity shall be for a period of 90 calendar days.
5. PhilGEPS Registration Certificate and Mayor's Permit shall be attached upon submission for the quotation (if applicable).
6. Bidders shall submit original brochures showing certifications of the product being offered.
7. Bidders must indicate the BRAND and MODEL NUMBER offered when appropriate.
8. Others:

PR No.: 10286 - End-user: PROCUREMENT OFFICE

Item No.	Code	GENERAL DESCRIPTION	UOM	QTY	UNIT PRICE	TOTAL PRICE	QUOTED UNIT PRICE	TOTAL QUOTED AMOUNT
1)		<b>COMPUTER DESKTOP:</b> Intel Core i7 processor, 7 <sup>th</sup> Generation (or better) Intel Core; 19.5 LED Monitor, keyboard/speakers/optical mouse -WIFI ready -Back-up UPS	pc	6	₱65,000.00	₱390,000.00		
2)		<b>LASERJET PRINTER (print-scan-copy, wireless printing capable): with ADE, ink cartridges/toner carts (black &amp; colour)</b>	pc	3	₱19,000.00	₱57,000.00		
<b>TOTAL</b>						<b>₱447,000.00</b>		

TOTAL QUOTED AMOUNT IN WORDS: \_\_\_\_\_

Warranty : \_\_\_\_\_ Delivery Terms: \_\_\_\_\_

(sgd) **MILADILLA A. SANTIAGO**  
Director, Procurement Office

After having carefully read and accepted your General Conditions, I/We quote you on the item at prices noted above.

Name of the Company : \_\_\_\_\_ Tel. No. : \_\_\_\_\_  
Address : \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Name of Representative: \_\_\_\_\_ Email Address : \_\_\_\_\_  
Position : \_\_\_\_\_ Date : \_\_\_\_\_  
Signature : \_\_\_\_\_