

## Republic of the Philippines **MUNICIPALITY OF PASUQUIN Ilocos Norte**



## REQUEST FOR QUOTATION

09.03.2025 2025 - 123 Qoutation NO. PR No: 2025.08.227

d parent	Discount of the control of the contr	4
	Please qoute your lowest price on the item/s listed beow, subject to the General Conditions on the last	
page	e, stating the shortest time of delivery and submit your qoutation duly signed by your representative not later than	/
Septe	tember 09, 2025 @ 8:30AM in the return envelope attached herewith.	1

NOTE: 1. All entries must be type written

- 2. Delivery period fifteen (15) calendar days
- 3. Warranty shall be for a period of six(6) months for supplies & materials, one(1) year for equipment, from date of acceptance by the procuring entity
- 4. Price validity shall be for a period of one (1) month upon submission of the quotation
- 5. The following documents shall be attached upon submission of the quotation:
  - a. Mayor's / Business Permit
  - b. Certificate of Registration
  - c. PhilGEPS registration number

	6. Approved Budget of the Contract P193,600.00					
NO.	ITEM & DESCRIPTION	Brand/ Model	QTY.	UNIT	UNIT PRICE	TOTAL COST
1	PRINTER		10	unit		
	Interference: USB 2.0					
	Print Method: Inkjet (Paper)					
	Printer Type: Print, scan and Copy					
	maximum Resolution: 5760x1440 dpi					
	Print Speed: Draft Text-Memo, A4					
	(Black/Color; up to 33.0ppm/15.0ppm or higher					
	Copy Speed: ISO 29183, A4 (Black/Color);					
	iup to 7.0 ipm or higher					
	Maximum copy size: bA4, letter or larger					
	Scan optional resolution: 600x1200 dpi or higher					
	Maximum scan area: 216x297 mm or larger					
	Scan Speed: (Flatbed/ADF) (Simplex):		50.00			
	200dpi, black: 12sec/up to 4.5 ipm or faster					
				Management (Management	total	

<b>Brand and Model</b>	
<b>Delivery Period</b>	
Warranty	
<b>Price Validity</b>	
nrices noted above	

After having carefully read and accepted your General Conditions, I/We qoute you on the item at prices no

MGPIN - 2025.09.164 Purchase of Printers of Davila NHS

FIU	ice	UIV	Name/Signature						
					1 - 1			A. C. Garden	100
P 4 600				into:	1-				

Tel. No./Cellphone No./Email Add.