



**Republic of the Philippines  
Province of Negros Occidental  
City of San Carlos**

Telephone No. (034) 312-5205

**REQUEST FOR QUOTATION**

REF. NUMBER:	<u>0239</u>
DATE:	<u>March 6, 2025</u>
PURCHASE REQUEST NO.	<u>9-24-10-1869</u>
DATED:	<u>October 4, 2024</u>
ABC:	<u>175,000.00</u>
BAC RES. NO. <b>NP-SVP</b>	<u>0268-25</u>
DATED:	<u>March 3, 2025</u>

**CITY HOSPITAL**

Gentlemen:

Please quote your lowest price on the item/s listed below, subject to the General Conditions, stating the shortest time of delivery and submit your quotation duly signed by your representative.

  
 MA. BRITA D. REBADOMIA  
 CGADHI  
 BAC Secretariat & Procurement Div.-CMO

- NOTE:**
1. ALL ENTRIES MUST BE TYPEWRITTEN / HANDWRITTEN
  2. WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES & MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY PROCURING ENTITY
  3. PRICE VALIDITY SHALL BE FOR A PERIOD OF 120 CALENDAR DAYS
  4. ALL DELIVERIES MUST BE F.O.B. SAN CARLOS CITY, NEGROS OCCIDENTAL
  5. **PLEASE SUBMIT YOUR QUOTATION 7 CALENDAR DAYS UPON RECEIPT OF REQUEST FOR QUOTATION (RFQ) EXCEPT FOR GASOLINE AND DIESEL FUEL.**

ITEM NO.	UNIT	ITEM & DESCRIPTION	QTY.	UNIT PRICE	TOTAL
1	unit	<b>Delivery Term: 15 Working Days</b> <b>Digital Multi Function Printer</b> / / Specification: / Copier, Printer and colored scanner / With auto reverse document feeder / A3 (11"x17") Printing and Scanning Area / 27 copies per minute / 1x500 sheets cassette tray and 1x100 sheet bypass tray / 600 dpi resolution / 512mb standard memory / Scan once print many operation / Enlarger/Reducer / Sorting / Multiple Copying up to 999 copies / Network connection ready / Folder print (can save original in memory) / Back to back copying and printing / First output speed 6.5 seconds / Scan to USB / 1 year warranty / X-X-X-X-X-X-X-X-X-X-X-X	/ 1		
<b>PURPOSE</b>	For the use of San Carlos City Hospital				

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

\_\_\_\_\_  
Printed Name/Signature

CANVASSER BY: \_\_\_\_\_  
Printed Name/Signature

\_\_\_\_\_  
Tel. No./Cellphone No./E-Mail Address

\_\_\_\_\_  
Date