

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

17511 2	Telephone No. (034) 312-5205			
	Г	REQL	JEST FOR QU	QUOTATION
	DA PU DA AB	F. NUMBER: TE: RCHASE REQ TED:	UEST NO.	0328 March 27, 2025 1-25-02-0397 February 24, 2025 37,000.00 0382-25 March 27, 2025
	CITY MAYOR'S OFFI	CE/PUBLIC I	EMPLOYMENT	SERVICES OFFIC
Sentlemen: ne shortest	Please quote your lowest price on the item/s listed below, subtime of delivery and submit your quotation duly signed by your re		Sur	1
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	1. ALL ENTRIES MUST BE TYPEWRITTEN / HANDWRITTEN 2. WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIE ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY PRO 3. PRICE VALIDITY SHALL BE FOR A PERIOD OF 120 CALENDAR DAYS 4. ALL DELIVERIES MUST BE F.O.B. SAN CARLOS CITY, NEGROS OCCIDEN 5. PLEASE SUBMIT YOUR QUOTATION 7 CALENDAR DAYS UPON EXCEPT FOR GASOLINE AND DIESEL FUEL.	ES & MATERIALS OCURING ENTIT	3, Y	urement DivCMO
TEM UNIT	ITEM & DESCRIPTION	QTY.	UNIT	TOTAL
2 unit	Time and Attendance Machine (Biometric Machine) - 3 inch Finger Scanner / Face Recognition / - Color TFT screen with GUI Interface For Ease of use -1 touch a-second user recognition / - Stores 3,000 templates and 100,000 transactions / - Reads fingerprints and / or PINs / - Communication: USB / NETWORK / Built in serial and Ether - Power supply: 5v DC 2A / With internal back up battery / - Wiegand support / support magnetic contact / - With warranty / Note: Compatible with our existing software / Note: Supplier should have after-sale repair service / Printer - with scanner / Ink included / - can photocopy (colored and black & white) / - With warranty / UPS-2000VA / - offers surge protection, voltage regulation, and dependable - ensuring uninterrupted operation and longevity for your valual - Input Voltage 230VAC / - Voltage Range 140 - 300VAC / - Capacity VA/Wattage 2KVA/1400W / - Outlet Socket back-up x4, total of 4 sockets - With warranty /	1 battery backu		
PURPOSE rices noted	After having carefully read and accepted your General Condit	ions, I/We que	ote you on the i	
ANVASSED	BY:			
	Printed Name/Signature	Tol N	o /Collaboro N	o /E Mail Address

Date