



**REQUEST FOR QUOTATION  
(Small Value Procurement)**

Date: 25 November 2015

PR-101-2015-11-2106

ICTO-iGov-RFQ-2015-11-013

**To All Eligible Supplier:**

The Information and Communications Technology Office (ICT Office), through its Bids and Awards Committee, intends to procure the Registrations Authority (RA) Officer's Equipment: Supply and Delivery of Finger Print Scanner.

Please quote your best quotation on the line item(s) in the attached Technical Quotation Form, subject to the attached Terms and Conditions in the associated documents. Copies of the following eligibility requirements are also required to be submitted along with your quotation/proposal:

1. Mayor's Permit or Business Permit,
2. BIR Registration Certificate, and
3. PhilGEPS registration Certificate

Open quotations may be submitted on or before 1:00PM, 2 December 2015, manually at the 2<sup>nd</sup> Floor Information and Communications Technology Office, Carlos P. Garcia Avenue, UP Diliman, Quezon City. or through facsimile number 920-7447 or email address [pi.mendoza@icto.dost.gov.ph](mailto:pi.mendoza@icto.dost.gov.ph) or [nino.flores@icto.dost.gov.ph](mailto:nino.flores@icto.dost.gov.ph).

For any clarifications, you may contact Mr. Niño Flores at telephone number 920-0101 local 2631 or 2632.

**ROSA PILIPINAS MENDOZA**

BAC4IGOV Secretariat

Information and Communications Technology Office

After having carefully read and accepted the Terms and Conditions, I/we submit our quotation/s for the item/s as follows:

**Instructions:**

1. Accomplish this RFQ correctly and accurately.
2. Do not alter the contents of this form in any way.
3. Failure to follow these instructions will disqualify your entire quotation

<b>TECHNICAL PROPOSAL FORM</b>		
Registrations Authority (RA) Officer's Equipment: Supply and Delivery of Finger Print Scanner <b>APPROVED BUDGET FOR THE CONTRACT (ABC) Php30,000.00</b> (All price offered shall be inclusive of VAT)	<b>COMPLIANCE</b> Please Check	
	YES	NO
<b>1. Supply and Delivery of Finger Print Scanner</b>		
<b>Minimum Specifications:</b>		
<b>Quantity: 5</b>		
1. Features and Functionality		
1.1. Type: Flatbed Scanner		
1.2. Optical Resolution: 4800 x 4800 dpi		
1.3. Selectable Resolution: 25 – 19200 dpi		
1.4. Scanning Element: CIS		
1.5. Scanning Speed (A4, color, 300dpi): 10 sec.		
1.6. Maximum Document Size: A4		
1.7. Weight: 1.6 kg or less		
1.8. Interface: Hi-Speed USB 2.0		
1.9. Power supply: Supplied via USB		
1.10. Cloud connectivity: Optional		
2. Software		
2.1. Operating System Compatibility: Windows XP and higher; Ubuntu Linux and		
3. Others (per unit)		
3.1. USB Connector		
3.2. Softwares: Scan Utility, Quick Menu,		
4. Warranty and Support		
4.1. 3 years warranty (Parts and Labor)		
5. Delivery Period		
5.1 Within Fifteen (15) calendar days upon issuance of Purchase Order (P.O.)		

#### SUPPLIER'S UNDERTAKING

I/We, the undersigned Supplier, after having examined the Technical Specifications/ Project Requirements and Scope of Services, hereby OFFER to supply/deliver/perform the above described items.

I/We undertake, if our proposal is accepted, to deliver the items in accordance with the terms and conditions contained in the Request for Quotation.

Until a formal Contract is prepared and signed, this quotation is binding on us.

\_\_\_\_\_  
Name of Company (in print)

\_\_\_\_\_  
Signature of Company Authorized Representative

\_\_\_\_\_  
Name & Designation (in print)

\_\_\_\_\_  
Contact Details

\_\_\_\_\_  
(T.d. No./Fax No./Mobile No./ Email Address)

\_\_\_\_\_  
Date

**COMPANY LOGO AND ADDRESS**

**Registrations Authority (RA) Officer's Equipment:  
Supply and Delivery of Finger Print Scanner  
APPROVED BUDGET FOR THE CONTRACT (ABC) Php30,000.00  
(All price offered shall be inclusive of VAT)**

**FINANCIAL PROPOSAL FORM**

Qty	Descriptions	Brand Name & Model Number of the Product being Offered	Unit Cost	TOTAL COST
5 units	Registrations Authority (RA) Officer's Equipment: Supply and Delivery of Finger Print Scanner			
	<b>Total Amount</b>			
	<b>Amount in words:</b> _____ _____			

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**Signature of Company Authorized Representative**

\_\_\_\_\_  
**Name & Designation (in print)**

\_\_\_\_\_  
**Contact Details**

\_\_\_\_\_  
*(Tel. No./Fax No./Mobile No./ Email Address)*

\_\_\_\_\_  
**Date**