

REQUEST FOR QUOTATION

Section 52.1b - Shopping

| | | | RFQ NO. | 04-0517 |
|--|---|------------------------|--------------------------|--|
| | | | DATE: | 4/4/24 |
| | | | | |
| COMPANY NAME | | | OLUN OLUM M | 1.517 |
| COMPANY ADDRESS | : | | DKNO- 2024- 01 | 7-017 |
| CONTACT PERSON | : | | Pns | TED |
| CONTACT NO. | : | | 100 | 10701140 |
| COMPANY TIN | | | GEPS REF NO. | 10701173 1014 |
| Sir/Madam: | | | SIGNATURE: | |
| Please quote your government for the goods listed in Annex of furnish us with the descriptive | A. Failure to indicate T | ECHNICAL SPECIA | -ICATIONS could be b | s, and other incidental expenses pasis for non - compliance. Also, |
| If you are the exclusive manufunctation a duly notarized cer | facturer, distributor or a tification to this effect. | agent in the Philippir | nes for the goods listed | d in Annex A please attach in your |
| Please submit this form togeth | per with Annex A to DS | SWD FO IX BAC OF | FFICE on or before | |
| | | | Very truly you | \$, |
| | | | ROLANDO V. | KIIEVA |
| | | | | urement Officer |
| Terms and Conditions: | | | , togional i roo |) |
| Terms and Conditions. | | | | |
| PURPOSE | : | FOR DRMD WA | AREHOUSE USE | |
| PR NUMBER | : | 2024-04-0517 | | |
| 1. Award shall be made on pe | er : | Item Basis | √ Lot Basis | |
| 2. Quotation validity | : | 30 CALENDAR | DAYS FROM BID OP | PENING |
| 3. Goods shall be delivered of | n : | 15 CALENDAR | R DAYS UPON RECEI | PT OF NTP |
| 4. Delivery Area | : | DSWD FO IX | | |
| 5. Terms of payment | | W/ IN 60 CALE | NDAR DAYS AFTER | DELIVERY |
| 6. Liquidated Damages/Pena | alty : | 1/10 of 1% of u | ndelivered portion x N | o. of days of delay |
| 7. In case of discrepancy bet | ween unit cost and total | al cost, unit cost sha | III prevail. | |
| 8. Warranty | | N/A | | |
| Performance Security | | N/A | | |
| 3.1 offormation decurity | | | | |

(signature over printed name)
Supplier

PHILGEPS NO.: ______







Section 52.1b - Shopping

ANNEX A: RFQ

RFQ NO. : DATE : 04-0517 2024-04-04

COMPANY NAME

COMPANY ADRESS

CONTACT PERSON

CONTACT NO.

| ITEM NO. | QTY. | UNIT | PURCHASER'S SPECIFICATIONS | TOTAL ABC | BIDDER'S SPECIFICATIONS | UNIT COST | TOTAL COST |
|----------|------|---------|--|-----------|-------------------------|-----------|------------|
| TENTINO. | QII. | 1 01111 | | | | | |
| 1 | 2 | | STEEL LOCKER CABINET W/ 9 DOORS SPECS: (LCRV 9 DOOR DUAL LOCK LOCKER CABINET, 9 DOOR LOCKER CABINET, ALUMINUM COLD ROLLED SHEET, POWER COATED AND OVEN BAKED FINISH WITH DIMENSION: mm1" - 25.4mm 90mmX450mmX1830mm) | 66,000.00 | | | |
| 2 | 2 | UNIT | BIOMETRIC MACHINE - PLEASE SEE ATTACHED SPECS: | | | | |
| | | | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

PURPOSE

FOR DRMD WAREHOUSE USE

PR. NO.

2024-04-0517

DOCUMENT/S REQUIRED DURING RFQ OPENING:

1. Mayor's Permit

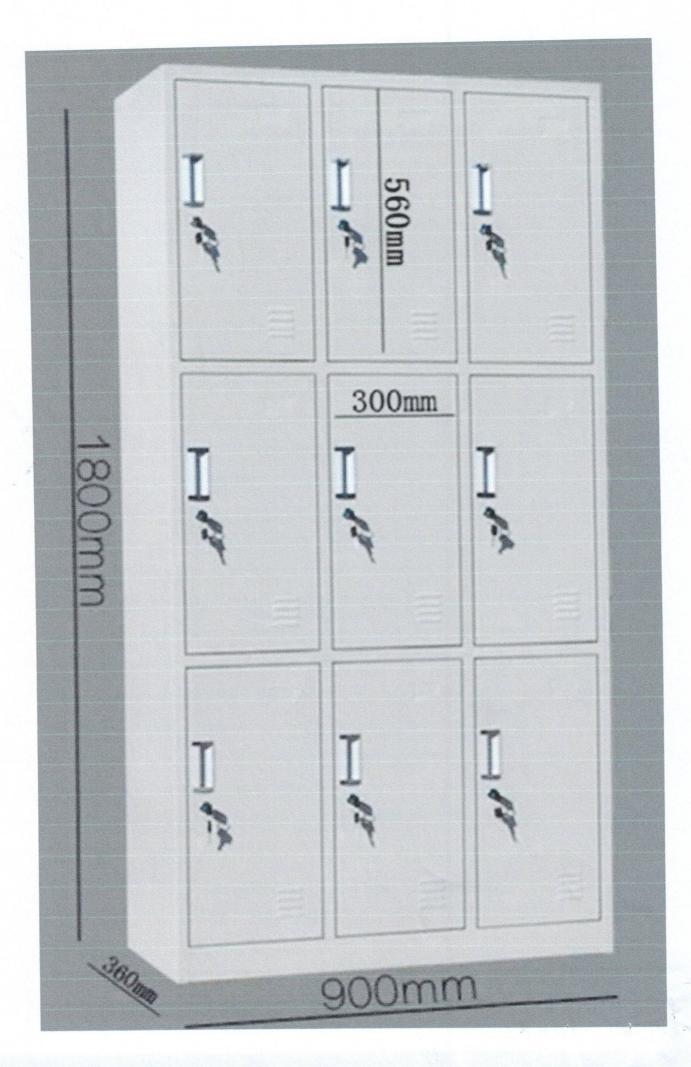
2. Philgeps Registration Number

(SIGNATURE OVER PRINTED NAME)

SUPPLIER

CALVIN MONDICK R. RAVAL







SPECIFICATIONS FOR BIOMETRIC MACHINE Biometrics Face Recognition Fingerprint Time Attendance

| Dimensional: | | | | | |
|-------------------------------------|---------|---|--|--|--|
| Width | : | ≥ 168mm | | | |
| Height | : | ≥149mm | | | |
| Thickness | : | ≥33mm | | | |
| | | | | | |
| Total users | : | ≥1000 | | | |
| Fingerprint cap | oacity | : ≥1000 | | | |
| Face size | : | ≥300 sheets | | | |
| Record capaci | ty: | ≥ 100,000 pieces | | | |
| Display | : | ≥ 2.8-inch HD color screen | | | |
| U disk function | ı: | Support U disk upload/download | | | |
| | | es reports, record queries | | | |
| With printing | output/ | attendance report/ DTR compliant to CSC Form 48 and | | | |
| customizable | report | ing format | | | |
| Corded Electric WITH BACKUP BATTERY | | | | | |
| ☐ Indoor type | | | | | |

Prepared by:

USAY KUYONG, JR.

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