



REQUEST FOR QUOTATION (RFQ)

Company Name: _____

Address: _____

PR NO.: 2022-240

QUOTATION NO. 149

Date: MAR 02 2022

ABC: 280,000.00

The Benguet State University through its Bids and Awards Committee will undertake NP SVP for the item/s listed below under the following terms and conditions:

1. All entries must be written legibly.
2. Delivery period within 7 calendar days.
3. Warranty period shall be for a minimum period of three months, in case of expendable supplies, or a minimum period of one year in case of non- expendable supplies from date of acceptance of the University.
4. Price validity shall be for a period of 30 calendar days.
5. Bidder shall submit original brochures showing certifications of the products being offered.
6. Philgeps Registration Number shall be indicated in the appropriate space below
7. Deadline of submission of quotation is 3 calendar days upon receipt of RFQ.
8. The item/s shall be procured by: ☒ a) line item; ☐ b) lot; ☐ c) sub-lot
9. The Omnibus Sworn Statement shall be submitted upon delivery as a required supporting document for payment.

REYNANTE B. BASCO

Chair, Bids and Awards Committee

College/Dept./Office: **OP**

Item no.	Qty	Unit	Item	ABC	Brand and Model	Unit Cost	Total Cost
1	7	units	Smart Mobile Stereo Karaoke, Portable, Touch Screen with remote control, includes 2 microphone and charger **Rechargeable & portable karaoke, wireless, with adjustable handle and 2 wheels ** Mobile screen casting: connected to TV/ projector via HDMI HD cable **wireless, bluetooth, music playback, video playback, picture browsing, e-book reading, memory card support, karaoke ** Microphone input, internet TV ** Microphone can reach up-to 20 meters distance, remote control can reach up to 10 meters distance. Battery can last up to 21 hours	280,000.00			

Counter offers:

Delivery Period: _____

Warranty: _____

Price Validity: _____

We hereby submit our quotations, accept the general conditions for the above items and commit to comply with the technical specifications.

Signature over Printed Name

Date

PhilGEPS Registration No: _____

Telephone/Fax/CP No.: _____ Email Address: _____