## PAMANTASAN NG LUNGSOD NG MAYNILA



(University of the City of Manila) Intramuros, Manila

## **REQUEST FOR PROPOSAL**

Date:

| Address:  |                     |                      |  |                   |                                  |                    |  |                         |
|---|---------------------|----------------------|--|-------------------|----------------------------------|--------------------|--|-------------------------|
| TIN:  |                     |                      |  |                   |                                  |                    |  |                         |
| <b>Business Permit No.:</b>   |                     |                      |  |                   |                                  |                    |  |                         |
| Please quote your be provided at the back portion of duly authorized representative Open quotations may number indicated below. | of this<br>e not la | request<br>ater thai | for quotat<br>า                        | ion. Submit y<br> | our quotation of simile or email | duly sig<br>at the | gned b<br>addres                       | y you or your           |
|   |                     |                      |  |                   |                                  |                    |  | BANDOJO<br>ment Section |
| After having carefully the item/s as follows:   | read a              | and acce             | epted the T                            | erms and Cor      | nditions, I/We s                 | submit             |  |                         |
| Item Description  | Qty.                | Unit of<br>Issue     | Approved Budget for the Contract (ABC) |                   | Price (Inclusive of Tax)         |                    | liance<br>chnical<br>cations<br>check) | Remarks                 |
|   |                     |                      |  | Unit Price        | Total Price                      | Yes                | No                                     |                         |
| k #15, colored, for Lexmark<br>2320 printer   | 1                   | рс.                  | 1,580.00                               |                   |                                  |                    |  |                         |
| lk #14, black, for Lexmark Z2320<br>rinter  | 1                   | рс.                  | 1,100.00                               |                   |                                  |                    |  |                         |
| hotoconductor kit C930X726 for exmark C935/X94X   | 1                   | рс.                  | 22,550.85                              |                   |                                  |                    |  |                         |
| hotoconductor kit C930X736 for<br>exmark C935/X94X  | 1                   | рс.                  | 66,291.75                              |                   |                                  |                    |  |                         |
| oner for Fuji Xerox DocuPrint<br>255DW printer  | 3                   | рс.                  | 17,574.00                              |                   |                                  |                    |  |                         |
| nk #703, colored, for HP<br>hotosmart K510A printer   | 2                   | рс.                  | 1,600.00                               |                   |                                  |                    |  |                         |
| nk #703, black, for HP Photosmart<br>510A printer   | 2                   | pc.                  | 1,400.00                               |                   |                                  |                    |  |                         |
|   |                     | Total                | 112,096.60                             |                   |                                  |                    |  |                         |
| This is to certify that I Payment Terms:  personally conducted the  |                     |                      |  |                   | (Signature over Printed Name)    |                    |  |                         |
| canvass and that the data herein are true and correct.  | Delivery Period:    |                      |  |                   | Tel. No.:  Mobile No.:  E-Mail:  |                    |  |                         |
| Sgd.  |                     |                      |  |                   |                                  |                    |  |                         |

Telefax No. (02)5284592 \*procurement@plm.edu.ph