

## Republic of the Philippines SENATE REQUEST FOR QUOTATION

Date		4/11/2023
RSQ No.	:	RSQ-E-23-04-046
Requisitioner	:	LCSS-ESCC
Canvasser	: _	Richard T. Garcia

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Committee (BAC), 4/F Senate of the Philippines PR-23-03-219 must be submitted to the Office of Committee, Room 401, 4/F Senate of the Philippines, Kindly observe and comply with the stated specification item, any erasure must be properly initialed by the bit BAC. Please do not forget to indicate the following roanvasser:, CLOSING DATE:	of the Chairman, Bids and Awards Committee, F GSIS Building, Financial Center, Pasay City, not ons / descriptions / unit of items for quotation, and der. Bidders are presumed to have reviewed all references in your envelope "PR NO.	Room 408 or the Secretariat, Bids and Awards taler than 5P.M. of a specify country of manufacture or origin in the bids indicated herein before submission to the RSQ NO, Assigned
LIKEWISE, ALL QUOTATIONS MUST BE N THE PhilGEPS AND SUBJECT TO THE GENERAL C	/ALID FOR AT LEAST THIRTY (30) DAYS FRO ONDITIONS FOUND AT THE BACK OF THIS FO	M THE CLOSING DATE OF POSTING WITH DRM.

ATTY. MARIA VALENTINA S. CRUZ CHAIRPERSON BIDS AND AWARDS COMMITTEE

THE CHAIRMAN
Bids and Awards Committee
c/o Secretariat, Bids and Awards Committee
Room 401 4/L, Senate of the Philippines, GSIS Building, Financial Center, Pasay City
Fax No. 552-6601 local 1602 or 552-6803

Sir:

As requested in your letter above, we are pleased to quote hereunder our price/s for the following item/s subject to the General Conditions stated at the back:

Item No	Quantity	UOM	Item Description	Unit Cost	UNIT PRICE (Inclusive of all Taxes)	TOTAL
			PR-23-03-219 - LCSS-ESCC			
1	3	UNIT	EXTERNAL HARD DRIVE AT LEAST 1TB CAPACITY 2.5 HDD CONFIGURATION USB 3.0 CONNECTIVITY ONE(1) YEAR WARRANTY	<u>10,200.00</u> 3,400.00/UNIT	_	



(QUOTATIONS must be valid for	or at least thirty [30] to forty five [45] days from closing date)
TERMS OF DELIVERY	
TERM/S OF PAYMENT: Government Terms (NO C.C.	D.D. / NO ADVANCE PAYMENT)
Address of Cumpling	(Name of Company)
Address of Supplier	
E-Mail Address	PhilGEPS Reg. No Expiry Date:
Tel./Fax No./s	_
TIN	(Signature over Printed Name Authorized Representative)