Annex A

Civil Service Commission

Constitution Hills, Batasang Pambansa Complex Diliman, Quezon City,

REQUEST FOR QUOTATION

RFQ No. 2022-149 Shopping (b)
Date: August 17, 2022
PR No./End-User: 2022-08-0774 / CSI

Company Name : _____
Address : _____
Tel No. & Fax No. : _____
Mobile No.. : _____
PhilGEPS Reg. No. _____
TIN No.

ITEM NO.	ITEM & DESCRIPTION	QTY	UNIT	YES	NO	REMARKS/BIDDERS SPECIFICATIONS If applicable, write the detailed specifications in the space provided. Indicate brand, model and country of origin.	UNIT PRICE	TOTAL PRICE
	LAPTOP	**10**	**units**					
	Branded							
	Operating System: Pre-loaded with latest Windows Professional grade OS							
	Processor: 2.8 GHz (12MB Cache 4 cores) or higher							
	Panel: 15.6 inch or lower; LCD; anti-glare display; brightness of 250 nits; Full High Definition (HD)							
	Storage: 1TB GB SSD							
	Memory: 16 GB DDR4							
	Graphics/Video Processor: Dedicated Graphics Card							
	Front Facing Camera: 720p HD with provacy shutter							
	Wireless/ Network Interface: Wi-Fi 6 and Bluetooth 5							
	Keyboard: Backlit keyboard (optional)							
	Standard I/O Ports: HDMI: 3.5 Combo Audio Jack; USB 3 Type-A; Thunderbolt 4 or USB 3 Type-C Supports display/power delivery; RJ45 Gigabit Ethernet port or Ethernet adapter							
	Audio/Microphone: Built-in speaker and microphone							
	Battery: Fast Charger battery or equivalent capable (over five (5) hours battery life)							
	Accessories: Laptop/sleeve bag / Other applicable accessories for the unit							
	Warranty: 2/2/2 or higher; Warranty on both parts and labor from Authorized Service Centers with global repair coverage							
	Supplier shall respond within 24 hours for any technical assistance/support either telephone call, email or site visit (within NCR) upon verbal/written notification by the End-user							
	Approved Budget for the Contract (ABC): Php 800,000.00							
	x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x							

PSRamos

PEARLIE ANN S. RAMOS
Procurement Officer
931-7935; 931-7939; 931-8092 Loc. 508

_____
Printed Name/Signature
Authorized Representative of the Service Provider