

	<b>MARIANO MARCOS STATE UNIVERSITY</b> Procurement Division	Document Code	PD-FRM-002	
	Request for Quotation (RFQ) (Goods and Services)	Revision No.	5	Page 1 of 3
		Effectivity Date	April 20, 2022	

### REQUEST FOR QUOTATION (RFQ)

Date: October 19, 2022

PR No. 2022-10-377 (01101101)- Smart Campus Dev't.

Sir/Madam:

Please quote your lowest price on the item/s listed below, and submit your quotation duly signed by you or your duly authorized representative not later than **3 days** subject to the Terms and Conditions provided at the last page of this RFQ.

Delivery period must be at least within **45 days** upon receipt of the Notice to Proceed or Purchase Order.

For any clarification, you may email us at bac@mmsu.edu.ph.

  
**NATHANIEL R. ALIBUYOG**  
 BAC Chair

ITEM	QTY	Unit	ITEM DESCRIPTION	ABC/unit	UNIT PRICE
	1	lot	Extended Reality Devices (1 lot) a) Mixed Reality smart glasses with accessories (1) HoloLens 2 Development Edition, HoloLens 2 device, Protective carrying case, Microfiber cloth, Overhead strap, USB-C charger and cable, One-year warranty, with delivery, Includes a \$500 Azure credit, Unity Pro and Pixyz Plugin free for three months b) Augmented Reality device, wearable, voice- and motion-controlled with accessories (1) Google Glass Enterprise Edition 2 Developer Kit International Version (1 x Glass EE2 Pod, 1 x Titanium Band), with delivery c) All in One virtual Reality headsets with accessories (1) Meta Quest 2, 256 GB, Elite strap with battery, Meta Quest 2 carrying case, link cable, with delivery d) Hand tracking devices and accessories	395,000.00	

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			(1 set) Ultraleap 3Di Stereo Hand Tracking Camera, (1 set) Leap Motion Controller + VR Headset Mount Bundle		
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TOTAL ESTIMATED BUDGET: 395,000.00

REMARKS/NOTE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

After having carefully read and accepted your Terms and Conditions, I/we submit our quotation/s on the item/s at prices indicated above.

Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Printed Name of the Owner: \_\_\_\_\_  
TIN: \_\_\_\_\_  
PhilGEPS Registration Number: \_\_\_\_\_  
Business Permit: \_\_\_\_\_  
Omnibus Sworn Statement: \_\_\_\_\_  
Annual Income Tax Return: \_\_\_\_\_

\_\_\_\_\_  
Signature over Printed Name  
\_\_\_\_\_  
Tel. No./Cellphone No./e-mail address  
\_\_\_\_\_  
Date

Canvassed by: \_\_\_\_\_

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