

## Tranumission Report

Date/Time Local ID 1

02-17-2011 671-475-1727 11:12:12 p.m.

**Transmit Header Text** Local Name 1

**GSA BUYERS XEROX** 

This document: Confirmed (reduced sample and details below)

Document size: 8.5"x11"

Fax sent by : 6482887

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82-17-11 18:24

Pg: 2/2



Please review the ad proof for accuracy of all information contained. Please indicate additions, deletions or changes on this proof. Your signature will affirm acceptance of ad layout and content.

FINAL APPROVALS MUST BE SUBMITTED NO LATER THAN 3PM DAY BEFORE FIRST AD RUN

Approval may be sent via fax at 648-2007 or call 649-1924

## **FAXED**

Advertiser: 6,54/1) PHSS Fax No: 475, 172	
Fax No: 475, 72	
	5438
Size: Color:	
A 1:0	
1st Proof 217 2nd Proof	
3rd Proof 4th Proof	<del></del>
LAST PROOF	
X MICHAEL TERLAUE	CSR
Print Name / Tide	
Please Sign Below ONLY H APPROVED	or OK to Run
NOTTO EREAL	2-17-11
Authorized Signature	Data Sloned

<b>GSa</b>	GBA General Services Agency (Abresles Schilder History) Department of Advantation Government of Law 148 Roots 1 Martin Drive. PM. Gunz 26515 Yel 474-1751 Peris 475-4751478-97168897-1777
THESADV	ERTISEMENT WAS FAID WITH GOVERNMENT FUNDS BY: GUAM WIC PROGRAM (DPHSS)
	on-refundable the of \$10 DQ per bid prackage will be assessed. ack, Caether's Cash will be accepted. No personal or company check, not for bid package picked up wher \$100 pm with not be accepted.
B	ID INVITATION
Bld No.:	GSA-028-11
FOR:	80 MONTH LEASE AGREEMENT FOR CTION COPIER/PRINTER/SCANNER/FAX
	DATE: 05-MAR-2011 TIME: 10:00 AM
INT FORM	ERESTED PARTY MAY PICK UP SPECIFICATIONS AT SAID PLACE
	NU GLAUDIA & ACFALLE Chief Procurement Officer
/.	ATTENTION PLEASE
Pu	CASE CHANGE DATE TO READ
FROM!	OS-MAR-2011 TO HOW
(€AO	07 - MAR-2011

Total Pages Scanned: 2

Total Pages Confirmed: 2

98		3		Total rages Commined .	٤					
	No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
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						L	1	EC.	111.3	CP26400

97# 475-1711

Abbreviations: HR: Host receive WS: Waiting send

PL: Polled local PR: Polled remote MS: Mailbox save

MP: Mailbox print RP: Report FF: Fax Forward

**CP: Completed** FA: Fall

TU: Terminated by user

MITCHAEL TERLAUE

asA/csR

TS: Terminated by system G3: Group 3 **EC: Error Correct** 



# Display Ad

Please review the ad proof for accuracy of all information contained. Please indicate additions, deletions or changes on this proof. Your signature will affirm acceptance of ad layout and content.

FINAL APPROVALS MUST BE SUBMITTED NO LATER THAN 3PM DAY BEFORE FIRST AD RUN DATE.

Approval may be sent via fax at <u>648-2007</u> or call <u>649-1924</u>

# **FAXED**

SOUNDS.	Advertiser: GSA	12 H90\
V-2000000	Fax No:	475. 1727
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W.	3rd Proof	
SANA SANA	LAST PROOF	
200		

MICHAEL TERLAJE

Authorized Signature

Print Name / Title
Please Sign Below ONLY If APPROVED or OK to Run

2-17-11

**Date Signed** 



### **GSA General Services Agency**

(Ahension Setbision Hiniret)
Department of Administration
Government of Guam



Government of Guern 148 Route 1 Marine Drive, Phtl. Guern 96915 Tel: 475-1707-13 Fax: 472-4217/475-1716/476-1727

THIS ADVERTISEMENT WAS PAID WITH GOVERNMENT FUNDS BY:
GUAM WIC PROGRAM (DPHSS)

A non-refundable fee of \$10.00 per bid package will be assessed.

Certified Check, Cashler's Cash will be accepted. No personal or company check.

Payment for bid package picked up after 3:00 pm will not be accepted.

# **BID INVITATION**

Bid No .:

GSA-028-11

\_\_\_\_

60 MONTH LEASE AGREEMENT FOR

MULTIFUNCTION COPIER/PRINTER/SCANNER/FAX

OPENING DATE: 05-MAR-2011

TIME: 10:00 AM

INTERÉSTED PARTY MAY PICK UP FORM/SPECIFICATIONS AT SAID PLACE

> /g/ CLAUDIA 8. ACFALLE Chief Procurement Officer

ATTENTION PLEASE

PLEASE CHANGE DATE TO READ

FROM: 05-MAR-2011 TO HOW

KEAO

07 - MAR-2011

THANK-YOU. FIICHAEL TERLAUE

GSA/CSR

T# 475-1711



Advertising Order / Invoice

215 Rojas Street Suite 204 IXORA Industrial Complex Harmon, Guarn 96913

Date	A.O. No.
2/16/2011	Å15438

Advertiser / Address		Account #	
Department of Public Health 123 Chalan Kareta Rte. 10 Manglao, Guam 96923-6304 Guam WIC Program  Customer Contact		GA0166	
		P.O. No.	
		P116A02247	Ad placed thr
Commence of the second	, t <u></u>		FAX
ltem	Decemption	Non-Salara 5 1	

ltem	Description	Run Dates	Col(s)	ln(S)	Color	Rate	Arrount
DISP	Bid Invitation - 60 month Lease Agreement for a Multifunction Copier/Printer/Scanner/Fax - GSA-028-11	02/18/11	2	4	BW	%.00	96.00
! :							

NOTES:
Total \$96.00

### Additional Charges:

Expedited Order Fee: Any advertisement ordered one (1) day before specified publication date will be assessed an additional \$50.00. Late Cancelation Fee: Any advertisement cancelled one (1) day before specified publication date will be assessed an additional \$50.00. Ad Layout Fee: Any artwork requested from Publisher (excluding classified advertisements) will be assessed a \$20.00 per hour artwork fee. Preferred Placement: Publisher does not guarantee any requested preferred placement of advertisements. Any request for preferred placement will be taken into consideration but will not affect this agreement if preferred placement is not delivered.

#### Legal Terms:

Advertiser has the right change, alter, or replace advertising copy throughout the duration of this Agreement provided that any changes, alteration, or replacement be submitted (2) days prior to the desired publication date. In the event if advertising copy is not furnished by Advertiser to Publisher within (2) days prior to desired publication date, Publisher may, at its option, publish on behalf of Advertiser the last advertisement ordered or such minimum size advertisement as shall be necessary for Advertiser to comply with the terms of this Agreement.

Neither Publisher nor its affiliates shall be liable by reason of any error in connection with any advertisement (inluding, without limitation, typographical errors, failures to publish advertisement on desired dates or in requested positions in Publisher's newspapers, ommissions or additions to advertisements); provided, however, that Publisher shall be obligated to adjust or rebate pro rata the charge on any advertisement which has been materially affected by any error of Publisher; and provided, further, however, that Publisher's obligation with respect to such advertisements or rebates shall not apply to more than one incorrect insertion of such advertisement unless and until Publisher is notified of the error twenty-four (24) hours prior to repetition of the insertion.

#### Past Due Accounts:

Advertiser understands that accounts not paid within ninety (90) days of invoice date will be subject to interest penalty of 1.5% per day thereafter plus all attorney and collection fees in case of default of payment. A service charge of \$35.00 will be charged on all returned checks.

#### Authorized Representative:

Advertiser represents and warrants that the person signing below on behalf of Advertiser is a duly authorized representative of Advertiser and, as such, upon execution by such person this Agreement shall constitute the legally binding obligation of Advertiser. Advertiser or representative thereof agrees to the terms attached to this form and has inspected all the details of this contract to be deemed correct and effective.

Authorized Name x: MICHAEL TERLANE Authorized Signature x: WERLAND Date x: 2-17-11

Thank you for your Payments/Credits \$0.00

Soict Rep SW

**business!** Balance Due

\$96.00

Phone #

(671) 649-1924

Fax # (671) 648-2007

accounting@mvguam.com

www.mvguam.com

## **Transmission Report**

Date/Time Local ID 1

02-16-2011 671-475-1727 11:56:05 p.m.

Transmit Header Text Local Name 1

**GSA BUYERS XEROX** 

This document: Confirmed (reduced sample and details below) Document size: 8.5"x11"

Fellx P. Comacho Governor

Michael W. Cruz, M.D. Lt. Governor

**GSA** General Services Agency (Ahensian Setbision Hinirat) Department of Administration Government of Guam 148 Route 1 Marine Drive, Piti, Guam 96915

Tel: 475-1707-13 Fax: 472-4217/ 475-1716/ 475-1727

### THIS ADVERTISEMENT WAS PAID WITH FEDERAL FUNDS BY:

### **GUAM WIC PROGRAM (DPHSS)**

A non-refundable fee of \$10.00 per bid package will be assessed. Certified Check, Cashier's Check, Cash will be accepted. No personal or company check. Payment for bid package picked up after 3:00 pm will not be accepted

### **BID INVITATION**

BID NO. GSA-028-11

FOR: 60 MONTH LEASE AGREEMENT FOR A MULTIFUNCTION COPIER/PRINTER/SCANNER/FAX

Opening Date: 07-MAR-2011

### INTERESTED PARTY MAY PICK UP FORMS/SPECIFICATIONS AT SAID PLACE

/S/ CLAUDIA S. ACFALLE Chief Procurement Officer

INSTRUCTIONS: PLSE FAX PROOF TO GSA, ATTN: MR. MICHAEL TERLAJE, CSR

ADVERTISEMENT SIZE: 2 X 4

ADVERTISEMENT DATE: February 18, 2011

Reference Purchase Order: P116A02247 (Marianas Variety)

1000	Total P	ages Sca	nned : 1	Total Pages Confirmed :	1						
	No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results	ì
522	001	912	PRESTON RESIDENT	11:54:44 p.m. 02-16-2011	00:00:17	1/1	1	EC	HS	CP31200	1

Abbreviations:

🞘 HS: Host send HR: Host receive WS: Waiting send PL: Polled local PR: Polled remote MS: Mailbox save MP: Mailbox print RP: Report FF: Fax Forward

CP: Completed FA: Fail

TS: Terminated by system G3: Group 3 TU: Terminated by user **EC: Error Correct** 

Felix P. Camacho Governor

Michael W. Cruz, M.D. Lt. Governor

GSA General Services Agency
(Ahensian Setbision Hinirat)
Department of Administration
Government of Guam
148 Route 1 Marine Drive, Piti, Guam 96915

Tel: 475-1707-13 Fax: 472-4217/ 475-1716/ 475-1727

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### **BID INVITATION**

BID NO. GSA-028-11

FOR: 60 MONTH LEASE AGREEMENT FOR A MULTIFUNCTION COPIER/PRINTER/SCANNER/FAX

Opening Date: 07-MAR-2011 Time: 10:00 AM

# INTERESTED PARTY MAY PICK UP FORMS/SPECIFICATIONS AT SAID PLACE

/S/ CLAUDIA S. ACFALLE
Chief Procurement Officer

INSTRUCTIONS:

PLSE FAX PROOF TO GSA, ATTN: MR. MICHAEL TERLAJE, CSR

**ADVERTISEMENT SIZE: 2 X 4** 

ADVERTISEMENT DATE: February 18, 2011

Reference Purchase Order: P116A02247 (Marianas Variety)



## PURCHASE ORDER

GENERAL SERVICES AGENCY
DEPARTMENT OF ADMINISTRATION
GOVERNMENT OF GUAM

148 Route 1 Marine Drive Pitl, Guam 96925

TR	A	N	C	0	D	1

CH\_

THIS PURCHASE ORDER MUMBER

No. Probablish

MUST APPEAR ON ALL INVOICES PACKING SLIPS, PACKAGES, B/L. CORRESPONDENCE ETC.

\* AIR FREIGHT TELL CONTACT SHIP VIA: DATE JOB ORDER NO. OBJCL 1:00:301 1713111613 330 PREPAID SHOW SHIPPING CHAPGES AS SEPARATE ITEM ON 111/OFCE TO: CONSIGNEE, DESTINATION & MARKING VENDOR DERT OF BUILDIN REALTH H E がみぶしをはらり マキ食芸能士士 网络人名西巴斯特 医电影 N LIS PARES LTERES IZV BRAKSE RAKEYA ATEL P D 9118 JO4 我我就是了蓝色中。 使起一致 医牙耳氏性直肠管炎 0 TAMORIDO: BU HARLE-BUZIS R Telephines ETE 641-1916 基准品的 的复数 医静脉性直接的 BUAN VIL -O 医胸侧侧膜 本本 INVITATION NO. AUTHORITY 非非 CONTRACT NO. TIME FOR DELIVERY EXPIRING DISCOUNT TERMS: SEE RELOW 3118.1 ΕM ARTICLES OF SERVICES QTY. UNII UNIT PRICE DOCUMENT NUMBER FAC AMOUNT BPA ISSUED IN COVER THE COURT 2506.00 0211712075 ON WIC PROSEAU ARPERTAREMENT DATES AND ABUBATIENTS LAY OUT TO SE COUNCIPATED DETWEED THE ASSESSIVE AND RESPONDING OF AN 复数那颗紫色 的复数主义 化石灰铁板酸毛工模型 计操作符 RESERVET OF PURCHASE ORDER ARD EXPIRING 98/00-2011 OR UPON EXPAUSTFOM OF PURDLE VALUATIONS occors First. AUTHORISEE FERSONNEL: JULITO MARTINET, OPHER-RIC 智能上于 本作的一种名称的 医病点的 有一个中国专家的 346 1134 持令军民士 学科を「GOVERAMENT」もの「GDAD VIII」はGT LE 同ビモアの特別とおした「FOA」、AFFAITHO**科を返復**が、**表現を高見る回答を「有能」を返復した返復** Notes Amounts the this furchase Order may be off set for modical and the Covernment ារប្រាប្រឹក្សី to three thee, and retuined that the the plus for and Attorney a Reser sites factors to page wemaities accordingi To be coordinated between the requesting egency and resider THE CHIEF PROCUREMENT OFFICER WILL CONDUCT FERIDDICALLY DEVIANTE TO DECERMINE CONFLIANCE 疑言学科 丁基酚 电相关线 不多自己提及某种管理等 电压动体。 SPECIAL INSTRUCTION S TO VENDOR: A. DO NOT FILL THIS ORDER B. SEND CERTIFIED ORIGINAL AND THREE (3) COPIES OF INVOICE TO DIVISION OF ACCOUNTS, DEPARTMENT OF ADMINISTRATION: 2590.00 IF YOUR TOTAL COST GOVERNMENT OF GUAM, P.O. BOX 884, AGANA, GUAM 96910. C. HAYMENT IN THIRTY (30) DAYS UPON RECEIPT OF MERCHANDISE IN GUAM IN GOOD CONDITION. **EXCEEDS THIS TOTAL** D. THIS ORDER SUBJECT TO CONDITIONS ON REVERSE SIDE.

E. ## THIS ORDER IS SUBJECT TO THE SPECIAL PROVISIONS, AND BID GENERAL TERMS AND CONDITIONS SPECIFIED ON THIS BID. INSERT CHANGES AND RETURN F. 4" ON ALL AIR SHIPMENTS HAVE AIR FREIGHT COMPANY CALL THIS NUMBER UPON ARRIVAL OF GOODS THIS OF DER FOR AMENDMENT. SIGNATURE: I CERTIFY THE ABOVE ARTICLES AND/OR SERVICES HAVE/HAS BEEN RECEIVED AND/OR RENDERED AND THE SAME HAS BEEN INSPECTED AND ACCEPTED EXCEPT AS OTHERWISE NOTED HEREIN. ADVANCE PAYMENT 2011 AUTHORIZATION Alberia PAYMENT G18 1311 ENCLOSED DATE RECEIVED SIGNATURE NAME TITLE

Eddie Baza Calvo Governor

Ray Tenorio Lt. Governor

gsa General Services Agency (Ahensian Setbision Hinirat) Department of Administration Government of Guam

148 Route 1 Marine Drive, Piti, Guam 96915 Tel: 475-1707-13 Fax: 472-4217/ 475-1716/ 475-1727

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A non-refundable fee of \$10.00 per bid package will be assessed.

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Payment for bid package picked up after 3:00 pm will not be accepted

## **INVITATION TO BID**

Bid No.

For: 60 Month Lease Agreement for a Multifunction

Copier/printer/Scanner/Fax

Opening Date: TIME

Place: GENERAL SERVICES AGENCY, PITI GUAM

# INTERESTED PARTY MAY PICK UP FORMS/SPECIFICATIONS AT SAID PLACE

/S/ CLAUDIA S. ACFALLE
Chief Procurement Officer

INSTRUCTIONS: PLSE FAX PROOF TO GSA, ATTN: INEZ PEREZ, BUYER I 475-1716

ADVERTISEMENT SIZE: 2 X 4 ADVERTISEMENT DATE:

PURCHASE ORDER NO. CHARGED: P116A02247

# FIELD LECEIPT

TREASURER OF GUAM DEPARTMENT OF ADMINISTRATION FINANCIAL MANAGEMENT DIVISION P.O. BOX 884 HAGATNA, GUAM 96932			TION ON TAX REC  REVENUE & TAX USE ONLY
(REQUIRED WHEN PAYMENT IS MADE BY CHEOK). PAYOR'S NAME:		***************************************	COLLECTION DATE:
SSN# OR EIN#		***************************************	12.26.41
PAYMENT FOR CUSTOMER/TAXPAYER NAME:	·	TAXPAYE	n's en/sen
PAYMENT DESCRIPTION	REVENUE A	CCT. NO.	AMOUNT
1 1816 BPF	3./		
12 11-12-11	3		
	3		
TÁX RÉCEIVABLE	1		
PERIOD COVERED METHOD OF PAYMENT (CASH	I, MONEY ORDER O	R CHECK)	OTAL AAAA
IAME OF TREASURY AGENT (PRINT)	4110	AGENCY TE	LEPHONE NO
SIGNATURE AND TITLE OF TREASURY AG	ENT	FY 0	<b>?</b> 0145741

# FIELD RECEIPT

TREASURER OF GUAM
DEPARTMENT OF ADMINISTRATION
FINANCIAL MANAGEMENT DIVISION
P.O. BOX 884
HAGÅTÑA, GUAM 96932

☐ USE TAX ☐ 1120 ☐ 1040 ☐ 1040 ☐ 1040 ☐ W-1 ☐ COLLECTION ☐ OTHERS ☐ RETURNED CHECKS ☐ COLLECTION ON TAX REC

	1 (1111)	EVENUE & TAX USE	ONE	
(REQUIRED WHEN PAYMENT IS MADE BY CHECK)  DEL VALLE  PAYODIO HALLE.			COLLECTION DATE	Ξ;
PAYOR'S NAME: RANL OEL	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		- lead	. 4
SSN# OR EIN#			2/18/20	)//
PAYMENT FOR CUSTOMER/TAXPAYEN HAME;		TAXPAYE	Y'S ENVSSN:	
PAYMENT DESCRIPTION	REVENUE AC	CCT. NO.	I AMQUNI	
GSA (REGS) BID PKG FEE	3100.6	0602	¥/0	ω,
RE: GSA-028-11	3			1
Co horth Lean Agreement of	23 Color	best of	renchange	
Copier - DPHSS		a	13,11	
TAX RECEIVABLE	1		<b>X</b> X	
PERIOD COVERED: METHOD OF PAYMENT (C. CASH	ASH, MONEY ORDER O	n CHECK) To	10.00	
HAME OF TREASURY AGENT (PITINT)		AGENCY TO	LEPHONE NO.	
frances a D. West Escal	quese	47	5.1707	
SIGNATURE AND TYTLE OF TREASURY.	AGENT	FY O	T 145	733

# FIELD RECEIPT

TREASURER OF GUAM
DEPARTMENT OF ADMINISTRATION
FINANCIAL MANAGEMENT DIVISION
P.O. BOX 884
HAGATÑA, GUAM 96932
H PAYMENT ISLANDERY CHECK)

O USE TAX	D 1120
□ GRT	1040
EXCISE	□ W-1
COLLECTION	OTHERS
RETURNED CHECKS	
COLLECTION ON TAX RE	C
FOR REVENUE & TAX	
. FOH HEAFINGE & INV	COL DIAM!

COLLECTION DATE:

PAYOR'S NAME:	evas a	<del>_</del>	00.23.	2011
SSN# OR EIN# PAYMENT FOR CUSTOMED/TAXPAYER NAME:		ТАХРАЧЕ	R'S EIN/SSN:	
PAYMENT DESCRIPTION	REVENUE	ACCT. NO.	AMOUNT	
GSARBPF	3006	0602	10	0
GSA-028-11	3			
Oppess.	3		/	
TAX RECEIVABLE	M			
PERIOD COVERED:	ENT (CAS), MONEY OR		TOTAL S 10.	(P)
NAME OF TREASURY ACETY (PRINT)		AGENC	TELEPHONE NO.	97
100		FY	<b>6</b> 14	573
SIGNATURE AND TITLE OF TREA	SURY AGENT		***************************************	

# FIEL RECEPT

TREASURER OF GUAM
DEPARTMENT OF ADMINISTRATION
FINANCIAL MANAGEMENT DIVISION
P.O. BOX 884

CI USE TAX CI 1120
CI GRT CI 1040
CI EXCISE CI W-1
CI COLLECTION CI OTHERS
RETURNED CHECKS
CI COLLECTION ON TAX REC

P.O. BOX 884 HAGÁTNA, GUAM 96932		C) COITE	RETURNED CHECKS  GI COLLECTION ON TAX REC  FOR REVENUE & TAX USE ONLY		
GEQUIRED WHEN PRYMENT IS MADE BY CHECK!  PAYOR'S NAME: HIKE SALAS  SSN# OR EIN#			COLLECTION DATE:		
PAYMENT FOR CUSTOMER/TAXPAYER NAME:		TAXPAY	TAXPAYER'S EIN/SSI		
PAYMENT DESCRIPTION	REVENUE A	CCT, NO.	/AMOUNT	***************************************	
GSA (REG.) BID PRE FEE	3100.6	0602	#10	070	
RF! GSA. 028.11	3				
60 with Lease Agreement of a	Color Fr	itip.	6- and		
Copie/piner/Scan / F	4	l	p.Mg.		
TAX RECEIVABLE	1		7		
PERIOD COVERED: METHOD OF PAYMENT (CA	ISH, MONEY ORDER (	OR GHECK)	TOTAL CO		
NAME OF TREASURY AGENT (PRINT)  LIGHTHAN D. LEVEL GLED	MADE	AGENCY	TELEPHONE NO. 475 - 170.	Z	
SIGNATURE AND ITTLE OF TREASURY A	NGENT	FY	9 <b>7</b> 145	729	
		Ġ	Y LTU	14.0	

ITEM NO.	DESCRIPTION	OTY	UNIT	UNIT PI	RICE EXTENSION
1.1	60 Month Lease Agreement for a Color Multifunction Copier/Printer/Scanner/Fa To include Maintenance, Parts, Labor, and Supplies (Except Paper & Staples)		EA	\$	<b>\$</b>
NOTE: Char	ges for overage of copies exc	eeding	the month	ly allowance	prints.
	10,000 Black/White Print C	opies		\$	\$
	2,000 Color Print Copies			<u>\$</u>	<u> </u>
SPECIFICA'	TIONS:			BIDDING	ON OR REMARKS:
*Minimum of minute in bla	85 print copies per ck/white				
*Minimum of In color	70 print copies per minute			3	
*Handles up to	11 X 17 paper				
*Handles pape	r weight up to 220gsm				
*3,300 total sh	eet capacity				
*4 paper trays					
*By-Pass tray	holding 100 sheets or greater				
*2 Sided duple	xing				
*Two-sided pri up to 11 X 17	inting, copying, faxing & scam from document feeder & glas	ning s		***************************************	
*Automatic sta	pling up to 100 sheets in 2 pos	itions		<del></del>	
*Minimum of	75 images per minute B&W			***************************************	
*Minimum of 5	il images per minute in color			***************************************	
*Reduction/Enl	largement 25% to 400%				
*Must be able t	o fax from computer				
*PCL & PS pri	nt drivers required				
*Minimum of I	GHz processor speed				
*Minimum of 8	0 GB/512MB hard drive/RAM	Į.			
*10/100/1000 B	ase Ethernet			-	
*Secure print or	scan using SSL or IPSec.				
*Built in firewal	I to prohibit unauthorized user	s			
*Imaga ovacemi	h_				

**\*\*** 

*Must be able to track print, copy, fax & scan created by individual end users	
*Scan to any PC on the network (Network Scanning), scan to mailbox & e-mail	
*Must be able to compress scan files using JBIG2	
*Machine scanning to Tiff, multi-page TIFF, JPEG, PDF, PDF/A and text-searchable PDF	
*Ability to scan & create PDF/A (achievable format)	
*Ability to automatically scan & create text searchable PDS files from the copier	
*Energy star certified	
*Print on envelopes up to 9 X 12	
*To include training & complete analyst services to support installation	
*Vendor shall replace machine w/identical machine if machine cannot be satisfactorily repaired or maintained at Agency's discretion /request	
*Must include all consumables/supplies such as toners cartridges, drums	
Bidding on:	
Manufacturer:	
Make:	
Model:	
Place of Origin:	
Date of Delivery:	

Reviewed by

FEB 1 4 2011

David S.N. Gumataotao FE Acting BNS Administrator Guam WIC Program

#### REQUISITION

REQUISITION #: Q111712079

APPROPRIATION: 5101E111712PA101230 TO: PROCUREMENT FACILITIES MGMT.DIVISION ADMINISTRATOR ENCUMBERED DATE 12/30/2010 SUBMITTED BY: Martinez, Julito JR. - DPHSS AUTHORIZED DEPARTMENT REPRESENTATIVE SIGNATURE DATE DEPARTMENT/DIVISION: DIVISION OF PUBLIC HEALTH - CP REQUEST DATE: 12/22/2010 ITEM NO. | DESCRIPTION OF ITEM UOM QTY UNIT PRICE AMOUNT This covers months 1 thru 9 of a 60-month lease agreement. Service Period: 01/01/2011 -09/30/2011 See attached description & specifications required. POC:Julito Martinez, DPHSS-WIC TEL:671-475-0297 FAX:671-477-7945 JU88 - 1199 TOTAL ======> 13593.96 JUSTIFICATION: 100% FEDERALLY FUNDED. GRANT EXPIRES 09/30/2011. \*\* PRINT NAME & SIGN ( ) APPROVAL ( ) DISAPPROVAL RECEIVED BY DATE APPROVING AUTHORITY (DIRECTOR) (CERTIFYING OFFICER)

## **Machine Requirements**

<b>Description</b> Black and White with Color Multifunctional device	Specifications (Minimum)  Copy, Print, Scan and Fax
Minimum Black/White copy and print speed	85 PPM B&W
Minimum Color copy and print speed	70 PPM Color
Paper Sizes	Letter, legal and 11x17
Document Feeder	100 sheets
Duplex (2-sided)	Yes
Automatic Stapling	Up to 100 sheets in 2 positions
Reduction/Enlargement	25% to 400%
Fax	Fax up to 11"X17", 2 sided, from document feeder and glass
LAN/ PC Fax	Fax from the computer

Copy/Print Resolution	600 x 600 DPI
Print Drivers	PCL and PS drivers are required. Informs users real-time when there is an issue with the device (i.e. consumables status, status of print job, low on paper)
Processor Speed	1 GHz
Hard Drive/RAM	80 GB /512 MB
Network and Protocol	10/100/1000 Base Ethernet
Security	Secure print or scan using SSL or IPSec. Built in firewall on the machine to prohibit unauthorized users. Image Overwrite - Ability to perform a full disk overwrite for security reasons
Accounting	Ability to track print, include copy, Fax and scan volume created by individual end users
Network Scanning	Scan to network repository, e-mail and mailbox
Scan Speed	75 images per minute B&W and 51 images per minute full color
Compression	Scan files to be compressed using JBIG2 to minimize storage space
Scan File Formats	TIFF, Multi-page TIFF, JPEG, PDF, PDF/A, and Text-searchable PDF

PDF/A	Ability to scan and create PDF/A (archiveable format) files from the machine
Text Searchable PDF	Automatically to scan and create text searchable PDF files from the copier.
Energy Star	Energy Star 2009 Certified
Replacement Guarantee	Premium Satisfaction Guarantee for entire lease term: Vendor shall replace machine with identical machine if the machine cannot be satisfactorily repaired or maintained at Agency's discretion or request
Envelope printing	Ability to print on envelopes up to 9" x 12"
Installation	Price to include training and complete analyst services to support installation

## **LEASE TERMS:**

60 Month Lease	Fixed Price for the term of the lease		
Monthly Maintenance included	Maintenance to include parts and labor		
Black/White copies/prints included in Price (Monthly Allowance)	15,000 Black/White copies/prints per month are included		
Black/White Print/Copy Charge over the			
allowance	State cost for black/white overage charges		
Color copies/prints included in Price (Monthly Allowance)	10,000 Color copies/prints per month are included (Business color)		
Color Print/Copy Charge over the allowance	State cost for color overage charges		
Supplies	Must include all consumables/supplies such as toners, cartridges, drums,		

1/07/11 Requisition #	Q111712079 17 12 <b>DIVISION OF PUBLIC HEALTH - CPHO</b>
Requisition amount	13593.96 1 7 2011 REQUISITION IS RETURNED.THIS REQUIREMENT NEEDS TO GO OUT ON BID. NEED COMPLETE
	SPECIFICATIONS TO PREPARE BID PACKAGE. THANK YOU! PETE SN
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