

University of the Philippines Visayas
 Miagao, Iloilo, Philippines 5023
Supply and Property Services Office
 TeleFAX: (033)3159858/3158141
 Website: www.upv.edu.ph, Email: spso.upvisayas@up.edu.ph
REQUEST FOR QUOTATION

Date: **2022-07-04**
 Quotation No.: **2022-6336**
 Mode of Procurement: **SHOP_52.1.B**
 MPS#: **MPS-2022-0668**

- Please quote as your best offer on the term/s listed below, subject to the terms and conditions:
- Submit sealed quotations to SPSO Iloilo City or Miagao campus or email to: spso.upvisayas@up.edu.ph
 - Indicate company name, address and quotation number on the envelop or in your email subject
 - Affix full signature of printed name

Please address to: Emiliza C. Lozada
 Chief, SPSO, UP Visayas
 Miagao, Iloilo

DEADLINE: 2022-07-11

Emiliza C. Lozada
EMILIZA C. LOZADA
 CHIEF, SPSO

No.	Qty	Unit	Item (Descriptions / Specifications)	A B C	Model	Unit Price	TOTAL Price
EARMARKED 2022-07-584-UGTI-CAS-Chem DEPTCHEM-2022-06-1							
1	1.00	piece	2.0 HP Window Room Air Conditioner, Inverter type, Maximum Cooling capacity: 18,750 kJ/hr (max.), Power consumption: 1,785 watts maximum, SEER: 14.3 kJ/ W-h, Energy Efficient Ratio: 10.6 kJ/ W-h, Indoor Sound at Low Cool: 52 dB maximum, 230 Volts, 60 Hz, Single Phase, environment friendly refrigerant (R -410A), Dimension (W/H/D): 660mm x 430 mm x 718mm, With real-time On/Off Timer, Sleep Mode, Econo Features, Energy Saving Plug. With LCD remote control, turbo function, 4 fan levels, With Sensor error warning Under/over-voltage protection, over current protection, With 8- in -1 Air filter system, With two (2) free general cleaning- within a year, Warranty: One year (all PCBs, parts & labor) & (5) Five years for compressor	<i>36,000.00</i>			

assigned to: Ronald Ryan C. Abing

Our Terms and Conditions

1. DELIVERY PERIOD 15wd upon receipt of PO
2. PLACE OF DELIVERY UPV Miagao campus
3. PRICE VALIDITY 20 days
4. FREE WARRANTY OF 1 year
5. PAYMENT TERMS 30 days

After having carefully read and accepted your terms and conditions, I/we quote you on the item/s at prices noted above.

FAXed:

Date: _____ Time: _____

Personally Distributed:

Received by: _____

Signature over Printed Name

_____ Date

 Signature over Printed Name

 Contact: Tel#, Cell# or email address

 Date

PhilGEPS: Reference # _____ Date _____

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