

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.: **2022-6337**

Mode of Procurement: **SVP**

MPS#: **MPS-2022-0668**

B2B

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

CHIEF, SPSO

No.	Qty	Unit	Item (Descriptions / Specifications)	A B C	Model	Unit Price	TOTAL Price
EARMARKED-2022-07-581 IPO (01/GF) IPO-2022-06-1							
1	3.00	unit	LAPTOP - IdeaPad Slim 3i 14ITL05 81X70076PH Operating System: Windows 11 Home Processor: Intel Core i5-1135G7 (4C / 8T, 2.4 / 4.2GHz, 8MB) Graphics: Integrated Intel Iris Xe Graphics Display: Display 14" FHD (1920x1080) TN 220nits Anti-glare Memory: 8GB DDR4-2666 Storage: 512GB SSD M.2 2242 PCIe 3.0x4 NVMe Card Reader: 4-in-1 Card Reader 1x Power connector, 1x Card reader, 1x Headphone / microphone combo jack I/O Ports: (3.5mm), 1x HDMI 1.4, 1x USB 2.0, 2x USB 3.2 Gen 1 Camera: 720p with Privacy Shutter Bundled Software: Office Home and Student 2021 Network & Communication: WLAN + Bluetooth - 11ac, 2x2 + BT5.0				150,000

assigned to: Claude Ticao

Our Terms and Conditions

1. DELIVERY PERIOD Within 30 Working Days Upon Receipt of P.O
2. PLACE OF DELIVERY UPV-SPSO, Iloilo City 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