



University of the Philippines Visayas

PROCUREMENT SECTION

Miag-ao, Iloilo, Philippines 5023

Tel/Fax: 033-315-81-41

EMAIL: pps@upv.edu.ph/spsos.upvisayas@up.edu.ph

REQUEST FOR QUOTATION

Date:	February 01, 2024
Quotation Number:	2024- <u>040</u>
MPS No.	2024-003m
Mode of Procurement:	SVP

Please quote us your best offer on the item/s listed below, subject to the terms and conditions.

- Submit quotations to UPV-SPSO Miagao Campus, New Administration Building or fax your quotations at **033-3158141**
- Indicate company name, address, and quotation number on the envelope or in your email subject.
- Affix full signature over printed name.

Please address to: EMILIZA C. LOZADA

Chief, SPSO, UP Visayas
Miagao, Iloilo

DEADLINE :

2.8.24

EMILIZA C. LOZADA
EMILIZA C. LOZADA
 CHIEF, SPSO

Item No.	Qty	Unit	Item and Description	ABC	Offered Brand or Model	Unit Price
1	1	piece	Handtruck trolley foldable push cart	2,500.00		
2	1	piece	High back Executive chair with flip-armrest and headrest, ergonomic design, adjustable lumbar support	10,000.00		
3	1	unit	Steel cabinet for OTR, close type rack w/ 6 shelves (12" distance) wrinkle finish (Dimension; h 6 1/2 ft. x W 3 ft and 10 inches x D 16 1/2" gauge #22 (.7mm) with steel caster	16,500.00		
4	4	unit	Steel cabinet for OTR, close type rack w/ 6 shelves (12" distance) wrinkle finish (Dimension; h 6 1/2 ft. x W 5 ft x D 16 1/2" gauge #22 (.7mm) with steel caster	17,000.00		
5	4	unit	Steel index card cabinets with 48 drawers each (ard size 8 1/2 x 5 1/2 without separator inside, wrinkle green with centralized lock, cover type handle with name plate, keys and ball casters gauge no. 24 (.6mm)	45,000.00		
EARMARKED 2024-01-024 RF Trust-OUR income						

Our Terms and Conditions

1. DELIVERY PERIOD: 10 working days upon receipt of P.O.
2. PLACE OF DELIVERY: UPV, SPSO, Iloilo Campus
3. PRICE VALIDITY : 30 days
4. WARRANTY DATE: 3 months
5. PAYMENT TERMS : 30 days

#277K

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

Printed Name / Signature

Tel No. / Cellphone No. / E-mail Address

Date