



# University of the Philippines Visayas

Miag-ao, Iloilo, Philippines 5023  
**SUPPLY AND PROPERTY SERVICES OFFICE**  
Contact No.: +639177077232  
Website Address: www.upv.edu.ph

## REQUEST FOR QUOTATION

Date: February 07, 2024  
Quotation Number: 2024 - 044  
Mode of Procurement: SVP  
MPS-2024 - 004m

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

- Submit proposal to SPSO City Campus or Miagao Campus or EMAIL to: pps@upv.edu.ph
- Indicate company name, address, and quotation number on the envelope or in your email subject.
- Affix full signature over printed name.

DEADLINE : 2. 14. 24

*for:*   
**EMILIZA C. LOZADA**  
CHIEF, SPSO  
*016 2-7-24*

Item No.	Qty	Unit	Item and Description	ABC	Offered Brand or Model	Total Price
1	2	unit	2.0 HP Window Room Air Conditioner, Inverter type, Cooling Capacity: 18,750 kJ/hr. (minimum), Power Consumption: 1,785 watts (maximum), SEER: 14.3 kJ/W-h (minimum), Energy Efficient Ratio: 10.6 kJ/W-h (minimum), 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 430mm 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, Two (2) years warranty on parts, labor, compressor and other materials.	56,000.00 / unit  ABC: 112,000.00		
CFOS-IA / EARMARKED 2024-01-038 IA-OBI IGP INCOME RF TRUST						

### Our Terms and Conditions

1. DELIVERY PERIOD: 20wd upon receipt of PO
2. PLACE OF DELIVERY: IA Hatchery and Laboratory at Bldg3, Miagao Campus
3. PRICE VALIDITY : 30 days
4. Warranty Period : 2 years on parts, labor, compressor and materials
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

Printed Name / Signature

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

Date

*P 112K*