

REQUEST FOR PRICE QUOTATION

August 5, 2021
Date

Sir/Madam:

Please quote your lowest price on the article services noted below in the spaces indicated, and as soon as possible, please submit your quotation in a sealed envelope to the undersigned.


JULIET C. BUSTILLOS
 Supervising Administrative Officer

QTY	UNIT	ITEMS	ABC/unit	BRAND	UNIT PRICE	TOTAL PRICE
1	unit	Wall mount Split-type Air Conditioner <i>specifications:</i> - 2.5 HP capacity - Inverter type - R32 refrigerant - At least 11 EER rating - With purification technology system - With remote control - At least 1 year warranty on parts/service and 4 years on compressor - Includes installation and commissioning of unit - 220-240V, 60Hz	75,000.00			
<p>Secondary Requirements to be submitted before issuance of Purchase Order. Mayor's/ Business Permit PhilGEPS Registration Number: _____ Omnibus Sworn Statement</p> <p>Terms and Conditions: The Project shall be awarded as: > For Lot Item - One Project having several items that shall be awarded as one contract.</p> <p>Delivery charge must be included to the unit price of your proposal and must be delivered at <u>Materials Management Office</u> Delivery term: <u>within 10 working days</u> upon receipt of Approved Purchase Order/Job Order Payment Term: <u>within 30 calendar days</u> after the Final Acceptance Please submit in a sealed envelope on or before: _____</p> <p>FOR SURGERY COVID OR (TRAUMA BUILDING) Note: Subject to 5% WT and 1%FT for VAT Registered Supplier 3% WT and 1%FT for Non-VAT Registered Supplier</p>						

- The Hospital Bids and Awards Committee has the right to accept, reject and waived defects in canvass.
- It is a pre-condition to the acceptance of this quotation and the Purchase Order that in case of disallowance in post-audit due to overpricing, the supplier shall be held solely responsible for refund thereof.

Canvassed by:

Name & Signature of Dealer

Company

Date

ARTHURO P. ALINDADA, JR.
 Contact #: 0953-145-4174