



**REQUEST FOR QUOTATION**

DATE: Oct. 11, 2022

**PURCHASE REQUEST NO.: ADMIN (GH) FUND 2022-10-153**

CANVASS NO. 150

Gentlemen:

Please quote your lowest price, taxes included, and subject to the terms and conditions that you may encounter purposely for article (s) and/or service(s) enumerated below, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than \_\_\_\_\_ in the return envelope attached here with.

Very truly yours:

**EDITHA S. VINUYA**  
 BAC Chairman

ITEM NO.	QTY	UNIT	ITEM AND DESCRIPTION	UNIT PRICE	TOTAL
	1	unit	<b>Airconditioning units</b> Supply of 2.0 HP Window Type Air-conditioning Unit (KAG-200HME4) located at Room 8 Mechanical Type R410A		
	1	unit	Supply of 2.0 HP Wall Mounted Inverter Type Air-conditioning Unit (KSM-IW209-L1M) Mess Hall 2 -Remote Control -Regular Inverter -Installation Charge 1st 10ft Installation Charge Supply and Installation of refrigerant pipe with rubber insulations Supply and Installation of control wirings Supply and Installation of PVC drain line Supply and Installation of adequate clamp and hanger Supply and Installation of ACCU bracket Test and observation Supply and Installation of refrigerant pipe with rubber insulations Supply and Installation of control wirings		
	1	unit	Supply of 1.0 HP Wall Mounted Inverter Type Air-conditioning Unit (KSM-IW10-L1M) -Remote Control -Regular Inverter -Installation Charge 1st 10ft Installation Charge Supply and Installation of refrigerant pipe with rubber insulations Supply and Installation of control wirings Supply and Installation of PVC drain line Supply and Installation of adequate clamp and hanger Supply and Installation of ACCU bracket Test and observation Supply and Installation of refrigerant pipe with rubber insulations Supply and Installation of control wirings		

**PURPOSE:**

For replacement of defective aircon at RDEC Room 8, Dormitory Office, and Mess Hall Room 2.

Pls. submit the following eligibility documents:

- Mayor's/Business Permit
- Income Tax Return
- Notarized Omnibus Sworn Statement
- PhilGEPS Registration Number/Red Membership
- Certificate of Sole Distributorship

Note: Pls. provide also the following: contact information such as email address and mobile/landline numbers; Tax Identification Number and Bank Details

I hereby certify that I am in the position to furnish the above article(s), service(s) at the prices and in quantities as called for except as I have indicated. The articles are available in our stock for immediate delivery to the Agricultural Training Institute, Elliptical Road, Diliman, Quezon City

MODEL: \_\_\_\_\_

DELIVERY PERIOD: \_\_\_\_\_

WARRANTY PERIOD: \_\_\_\_\_

PRICE VALIDITY: \_\_\_\_\_

CANVASSED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
 Signature Over printed name of proprietor/Manager  
 or Authorized Representative