



Republic of the Philippines
BULACAN STATE UNIVERSITY
City of Malolos, Bulacan

REQUEST FOR QUOTATION FOR THE PROCUREMENT OF GOODS AND SERVICES

****Mandatory to fill in****

COMPANY NAME:	Quotation No. 22-11-753
CONTACT No.	Purchase Request No. G-2022-11-1081
Address:	Purpose: for replacement of 1 box type floor standing aircon at FLORES HALL, 2nd floor hallway
TIN No.	ABC: 200,000.00
PhilGEPS Registration No.	Delivery Period: 7 Calendar Days upon receipt of Purchase
EMAIL ADDRESS:	Order

INSTRUCTIONS TO SUPPLIERS:

1. Please **quote your lowest price** on the item/s listed below **comprising the necessary taxes.**
2. It is mandatory to **indicate the brand** and/**or model** of the items being offered and to **attach a brochure** thereof whenever applicable
3. Indicate the **warranty period** in cases of equipment or whenever applicable.
4. Forthwith submit the accomplished quotation **duly signed by your representative.**
5. Suppliers are required and mandated to attach and submit the following documentary requirements:
a) Valid Mayor's/ Business Permit; b) BIR Certificate of Registration; c) Authority to Print Receipt; d) PhilGEPS Membership Certificate and e) Omnibus Sworn Statement
6. All items must conform with the **internationally accepted standard** and **sub-standard items shall not be accepted.**

ITEM NO.	ITEM & SPECIFICATION	QTY/UNIT	BRAND & MODEL OFFERED	UNIT PRICE	TOTAL PRICE
1	AIR Condition	1 unit			
	*5TR floor ceiling suspended inverter				
	*Cooling capacity KJ/HR; 55,000-60,000 or higher				
	*EER KJ/W-H: 9-11 watts or higher				
	*Refrigerant Charge: R32, R-410A				
	*Power Supply V/P/Hz: 220/1/60				
	*Minimum of one (1) year warranty parts and services				
	*Minimum of five (5) years warranty Compressor motor				
	*With free installation back-to-back first ten (10) feet				
	*With excess wiring and piping (25)				
	*With outdoor Unit Mounting				
	*With drainage system from unit to ground				
	*With dismantle of old outdoor and indoor ACU unit				
	NOTE: Please attach brochure and indicate days of delivery				

Accomplished by:

By the authority of the University President.

Supplier's Representative
(Print name and Signature)

DR. DOLLY P. MAROMA
BAC Chairman

Date Accomplished : _____

Canvassed by:

Name and Signature

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Revision: 1