



**REQUEST FOR QUOTATION**

**CANVASS No. :** 21-08-399 **Name of Supplier/Company :** \_\_\_\_\_  
**Advertisement No.** \_\_\_\_\_ **Company Address/Tel./Fax#.: :** \_\_\_\_\_  
**Purchase Request** 21-08-399 **Philgeps Registration No. :** \_\_\_\_\_  
**BIR Tin No.** \_\_\_\_\_ **:** \_\_\_\_\_  
**DBP Bank Account(No Bank Charge):** \_\_\_\_\_  
**If none DBP Bank Account, Charges May Apply to Suppliers Account**

**Gentlemen:**

Please quote your lowest price on the item/s listed below this page stating the shortest time of delivery and submit your quotation duly signed by your representative not later than August 11,2021.

**DIOSDADO B. CENIZA**  
 Supply Officer

Item No.	Qty	Unit	ITEM & DESCRIPTION	Unit Price	Total
	3	unit	Aircondition unit		
			1.5 HP wall mtd., Inverter type		
			DC Compressor		
			With remote control		
			R410A		
			220v/60Hz/1ph		
			with installation		

**NOTE :**

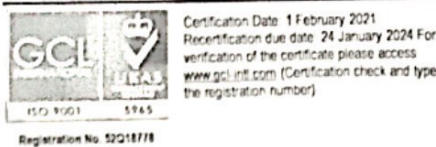
1. DELIVERY PERIOD IS WITHIN \_\_\_\_\_ CALENDAR DAYS.
2. WARANTY SHALL BE FOR A PERIOD OF SIX ( 6 ) MONTHS FOR SUPPLIES AND MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY THE PROCURING ENTITY.
3. PRICE VALIDITY SHALL BE FOR A PERIOD OF \_\_\_\_\_ CALENDAR DAYS.
4. BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATIONS OF THE PRODUCT.
5. THIS FORM SHALL BE ENCLOSED IN AN ENVELOPE AND SEALED BY THE BIDDER HIMSELF.

**After having carefully read and accepted your General Conditions, I / We quote you on the items at prices written above.**

**Canvasser Signature** \_\_\_\_\_

\_\_\_\_\_  
**Printed Name / Signature of Supplier / Contractor**

\_\_\_\_\_  
**Date**



**SDF-USO-206-003-01**

