

Kaagapay ng Komunidad sa Maginhawang Pamumuhay

Standard Form Number: SF-GOOD-60 Revised on: January 08, 2018

Standard Form Title: Request For Quotation

| Company Name: | Date: |
|---|---|
| Address: | Quotation No.: 2024110600271 |
| PhiIGEPS Reg. No. | |
| Please quote you lowest price on the item/s submit your quotation duly signed by your representative no | listed below, subject to the General Conditions, stating the shortest time of delivery and ot later than, 2024. |
| | MARY GRACE D. MANGAO |
| | DATA ENCODER |
| General Conditions: | Tel/Fax No.: (02) 8817-3168 |

- ${\bf 1. \ All \ entries \ must \ be \ typewritten/accurate/readable.}$
- 2. Delivery period must be within seven (7) calendar days only.
- 3. Warranty shall be for a period of six (6) months for supplies and materials, one (1) year for equipment, from the date of acceptance by the Procuring Entity.
- 4. Price validity must be within thirty (30) calendar days.
- 5. Bidders must submit Certificate of PhilGEPS registration, updated Business Permit? Mayor's Permit, Notarized Omnibus Sworn Statement (for ABC's above 50k), and Income or Business Tax Return for ABC's above 500k.
- 6. Bidders shall submit original brochures showing specifications of product being offered.
- 7. All bid proposals must be VAT inclusive.

(FAILURE TO DO SO WILL MEAN DISQUALIFICATION OF YOUR BID PROPOSAL.)

| Item No. | Item and Description | QTY | Approved Budget (In Php) | BID Price |
|-----------------------------|--|-------------------------|-----------------------------|-----------|
| A-001-414 | Air Conditioning Unit - Stand Type 6.0 HP (5.0 TR) - Floor Mounted - Inverter - Timer, Auto Swing, Fast Cooling, Silent Mode, Wireless Remote - Installation Fee | | 250,000.00 | |
| | Place of Delivery: SHFC GENSAN OFFICE Delivery Term: FOB Destination Term of Payment: Check on Delivery | | 250,000.00 | |
| | Brand and Model: Delivery Period: Warranty: PriceValidity: | | | |
| | Payee's Name & TIN: | | | |
| Afte | er having carefully read and accepted your General Conditions, I/ | We quote you on | the item at prices noted al | oove. |
| | | | | |
| Printed Name / Signature Te | | Tel. No. / Cellphone No | | |
| E-mail Address | | Date | | |

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