UNIVERSITY OF THE PHILIPPINES BAGUIO
Governor Pack Road, Baguio City, Benguet, CAR
VAT Reg. TIN: 000-864-006-00007
Telephone No. 074.442.3484
Email Address: spmo.upbaguio@up.edu.ph

REQUEST FOR QUOTATION (RFQ)

PROCUREMENT PROJECT: Supply and Delivery of Appliances for VCA Office
Purchase Request No.: 16088
Approved Budget for the Contract: Php 880,000.00

Date: **29 March, 2022**
RFQ No.: **2473**
MOP: **NP-SVP**

INSTRUCTIONS:

1. Accomplish this RFQ correctly and completely.
2. **Bidder should attach a copy of the latest Mayor's/ Business Permit, PhilGEPS Registration, Income/Business Tax Return and Notarized Omnibus Sworn Statement.**
3. Failure to comply with any of the Technical Specifications will disqualify the quotation.
4. **Submit your quotation at the Supply and Property Management Office, UP Baguio OR may email at jebagsic@up.edu.ph and cc: spmo.upbaguio@up.edu.ph with RFQ No. as part of the subject NOT LATER THAN 5:00 PM on 06 April, 2022.**
5. Failure to follow these instructions will disqualify your entire quotation.

Please quote your lowest government price (including VAT) on the item/s listed below, and state the time of which you can make delivery. The information stated below shall be the basis for the evaluation and calculation of your quotation.

RODOLFO T. SUYAT, JR
Chief, SPMO

ITEM NO.	GENERAL DESCRIPTION	STATEMENT OF COMPLIANCE TO TECHNICAL SPECIFICATIONS (PLEASE CHECK)		UOM	QTY	UNIT PRICE	TOTAL PRICE	QUOTED UNIT PRICE	TOTAL QUOTED PRICE
		YES	NO						
1	Air Purifier, Humidifier, UV Sterilizer and ionizer Atomized Humidification High CADR LED Display Auto Sleep Mode 1.5L Capacity Water Tank 230V. 60 Hz 85W			un	40	22,000.00	880,000.00		
	-Delivery Period: within 30 calendar days upon receipt of Purchase Order								
	-PLEASE INDICATE WARRANTY OFFERED FOR THE ITEM								
	-¤¤¤ Nothing Follows ¤¤¤-								
						TOTAL:	**880,000.00**	**BID TOTAL:**	

TOTAL QUOTED AMOUNT IN WORDS:

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

Name of the Company: _____
Address: _____
Name of Representative: _____
Position: _____
Signature: _____

Tel. No. : _____
Fax No. : _____
Email Address: _____
_____
Date: _____

/dcb