

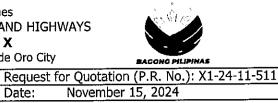
Name of Procuring Entity:

Revised on:

Republic of the Philippines DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS

REGIONAL OFFICE X

Engineers' Hill, Bulua, Cagayan de Oro City



Standard	Form/Title:	REQUEST FOR QUOTAIL	<u> </u>	Office/End	i-user: UKD-ICTU			
COMPANY NAME: ADDRESS: TEL. NO./FAX NO.:								
your quot herewith, Oro City.	tation duly signed b	price on the item(s) listed below y your representative not later riat, 2nd Floor Administration B	than 10:00 am	of MAR	1 7 2025 the re	eturn envelope attached		
1. All entrie 2. Delivery Purchase IRR-RA 9 3. Warranty Equipment 4. Price vali 5. Attach C Statemen 6. The Appi 7. RFQ mus 8. Bidders 9 9. Please in	es must be typewritten or period within thirty (30 Order (P.O.) Administra 184 shall be imposed for a shall be for a minimum from date of acceptance idity shall be for a period ertified True Copy of Phi t (if ABC is above 50K roved budget ceiling for st be signed by an autho shall submit original broadicate the brand for each	r legibly written. 1) c.d. upon receipt of the approved fultive penalties pursuant to Sec. 69 of the non-delivery without valid reason. of three (3) months for supplies & main by the end-user. 1 of sixty (60) calendar days. 1 Income/Business Tax Return if A this procurement is Php 780,046. 1 rized signatory. 1 chures of the product (if applicable) the tems being offered.	e Revised terials; one (1) yea mit and Omnibus BCs above P500	Sworn I so	BAC Cha	ROA, MSc airman for all of the items. Any r alteration made by the eitems shall render the ence, a ground for		
10.Bidder/s	shall submit sealed quo	otation.						
Item No.	ITEMS	6 & DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL PRICE		
	Air conditioner,	Wall Mounted	4	unit		Р		
	Specifications:							
	1. Capacity – 1.	5HP				<u> </u>		
	2. Main Technol	ogy – Dual Inverter				·		
	3. Auto Restart							
	4. Remote Cont	roller						
	5. Smart Diagno							
	6. Split Type Du							
	7. Antibacterial				ļ			
<u></u>	 	city Max(kJ/h) – 14243		ļ				
	9. Energy Savin					-		
	-	odel: 3 years existence			<u> </u>			
		zed Service Center		1	 			
		Line with breaker and piping			 			
		anty on compressor, 1-year and service onsite						
		y, Installation, Testing and						
	Commissioning	··· •			ļ			
		<u> </u>						
ES-A-002	Air conditioner,	Floor Mounted	2	unit	<u> </u>			
<u> </u>	Specifications:				<u> </u>			
 		odel: 3 years existence			 			
	2. Floor Mounte	d, Inverter		_		<u> </u>		
<u> </u>	3. 3 Tonner			ļ <u>.</u>				
_		Horizontal Airflow		 	 	<u> </u>		
		city of at least 30,000 BTU/H						
		, Slim Body indoor unit			 			
<u> </u>	7. Auto Restart	Mode		<u> </u>				

Item No.	ITEMS & DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL PRICE			
	8. Local Authorized Service Center							
	9. Power Supply Line with breaker and piping							
	included, drain pump. 10. 5 years warranty on compressor, 1-year							
	warranty for parts and service onsite							
	Work scope: Supply, Installation, Testing and Commissioning							
	-&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&							
	TOTAL AMOUNT				Р			
	Please write total amount in words							
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	Please specify brand name, if applicable.		<u> </u>		die Deene dumit BTYC			
PURPOS	iE: Replacement of defective aircon units, Main Netwo	rk Room - Notwork De	2 units, con	nmano Center Ka	idio koom - 1 unit, kirist			
	unit, CC Network Room - 1 unit, and Training Center	NELWOIK K						
	d Model:Period:		Warranty:Price Validity:					
•				·				
Aft	er having carefully read and accepted your Gen	eral Condi	tions, I / V	Ve quote you in	n the item(s) at			
prices note above. If the space for Delivery Period, Warranty and Price Validity are left blank, it means that I concur with the Terms and Conditions specified by DPWH.								
	BAC-Secretariat:		Del	inted Name/Sign	ature/Date			
	Tel. No. 853-2012		Printed Name/Signature/Date					
	Fax No. 853-2060		Tel N	o./Cellphone No.,	/F-mail Address			
			Tel. IV	or centrione Mor	L Mail Addicas			