

Republic of the Philippines UNIVERSITY OF RIZAL SYSTEM Province of Rizal

Tel/Fax 653-2860 urs.bacsecretariat2020@gmail.com

Date: 7/5/2012

Please quote your lowest price on the item/s listed below, subject to the General Conditions on the last page, stating the shortest time of delivery and submit your sealed quotation duly signed by your representative not later than $\frac{7}{12}$ to URS SPMO, Morong Rizal.

NELSON S. GONZALES, Ed. D.

Chairperson, BAC

NOTE: 1. ALL ENTRIES MUST BE TYPEWRITTEN

Company/Supplier Name

Address

- 2. DELIVERY PERIOD WITHIN ____ CALENDAR DAYS
- 3. WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES & MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY THE ENTITY
- 4. PRICE VALIDITY SHALL BE FOR A PERIOD OF 45 CALENDAR DAYS
- 5. G-EPS REGISTRATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION
- 6. BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATIONS OF THE PRODUCT BEING OFFERED

NO.	ITEM & DESCRIPTION	QTY.	UNIT	BID PRICE	TOTAL BID PRICE
1	Air conditioning Unit, 2HP, 13.8 or better EER, Super Inverter Split type, wall mounted indoor unit 220-230V 60Hz, with ozone friendly R410A refrigerant, brand new with one year warranty on parts & labor, Including delivery & installation	1	unit(s)		
	nothing follows				
11	-				
	ABC - Php 80,000.00				
	F				
	After having carefully read and accepted your General Condition				
		, I/We quote	you on the items	al prices noted ab	ove.
	CERTIFICATION	, I/We quole —		al prices noted ab	ove.
	CERTIFICATION I hereby certify that I have personally conducted this canvass and that the price(s) quoted is/are true & correct and the signature of the representative of the company who submitted	ı, I/We quole — —	Printed Nam		ove. -
	I hereby certify that I have personally conducted this canvass and that the price(s) quoted is/are true & correct and the	, I/We quole _ _ _	Printed Nam Tel. No. / Ce	ne / Signature	ove. - -
	I hereby certify that I have personally conducted this canvass and that the price(s) quoted is/are true & correct and the signature of the representative of the company who submitted	, I/We quole 	Printed Nam Tel. No. / Ce E-mail	ne / Signature ell phone No.	ove.

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Rev. 00

Effectivity Date August 15, 2017

Modified version of RFQ form from (SF-GOOD-60, May 2004)