



Republic of the Philippines
Province of Oriental Mindoro
Municipality of Gloria

Project Number: **2022-012-001**
Project Title: **Supply and Delivery of Materials for the Improvement of MDRRM Office**
Location: **Municipal Health Office**

Date: **January 11, 2022**
Quotation No.: **RFQ-2022-001**
PhilGeps Ref: No.

REQUEST FOR QUOTATION

Supplier: _____
Address: _____
Contact Number: _____
TIN Number _____

Please quote your lowest price on the items/ listed below, subject to the General conditions on the last page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than **January 13, 2022** in the return envelope attached herewith.

(SGP)
MANLITO S. RODRIGUEZ
MCR/BAC Chairman

Note:

- 1 All entries must be type written.
- 2 Delivery period is within **Thirty (30) calendar days**
- 3 Warranty shall be for the period of six months (6) months for supplies and materials, one (1) year for equipment, from date of acceptance by the procuring entity.
- 4 Price validity shall be for the period of thirty (30) calendar days.
- 5 G-eps registration certificate shall be attached upon submission of the quotation.
- 6 Suppliers shall submit original brochures showing certifications of the product being offered.

ITEM NO.	DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL PRICE
1	EVAPORATED AIR COOLER	3	unit		
	Specification:				
	*350 watts power fir 55-60sqm. Area				
	*Heavy Duty Type				
	*3-speed powerful airflow 7,00cu.m/hr				
	*with 3 sides cooling pad				
	*40 liters water tank capacity				
	*Continous water supply inlet				
	*Auto-shut off water pump with low water alarm				
	*With 1-8hours timer				
	*With remote controller				
	*Automatic Vertical louver				
	*Floor Standing caster wheels				
	*Box Dimension:(L)890mm x (W)60mm x (H)1750mm				
	Net Weight: 34 kg				

Brand and Model: _____
Delivery Period: _____
Warranty: _____
Price Validity: _____

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

Printed Name / Signature

Tel. No./Cellphone No.
e-mail address

Date