

UNIVERSITY OF THE PHILIPPINES MINDANAO
Mintal, Tugbok District, Davao City
Fax No. (082)

Request for Quotation

Date: _____

Sir/Madam:

Please quote your lowest price on the items listed below, subject to the General Conditions stated in the attached specifications and submit your quotation duly signed by your representative to UP Mindanao.

BAC Chair/Head of Unit

- Notes:
1. This price quotation must be written clearly and signed by authorized signatory.
 2. Delivery period must be within _____ days.
 3. Price validity shall be for a period of _____ calendar days.
 4. Documentary requirements must be submitted before issuance of Purchase Order.
 5. Please indicate if items will be delivered to UP Mindanao or for pick up.

ITEM NO.	ITEM & DESCRIPTION	QTY.	UNIT PRICE	TOTAL PRICE
	2.5 HP Standard Inverter Split Type Air conditioner: Dual Inverter Compressor; Active Energy Control Anti-Bacterial Air Filter; Cooling Capacity: 20,000 -25,000Kj/h 3M Micro Dust Filter; Auto Clean; Fresy Dry Gold Fin Condenser; Jet Cool Operation; Sleep Mode Comfort Air; 2 Way Auto Swing 1 Year Warranty on Parts & Labor 10 Year Warranty on Compressor Inclusions: Free Installation/other services/check up Terms of delivery: 5-10days	1 un.		
	TOTAL			

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

Supplier: _____
Tel. No/Cellphone No. _____
Address: _____

Signature over Printed Name of Representative _____