



University of the Philippines Visayas

PROCUREMENT SECTION

Miag-ao, Iloilo, Philippines 5023

Tel/Fax: 033-3158141 / +63917-7077232

EMAIL: pps@upv.edu.ph

REQUEST FOR QUOTATION

Date: 2024-06-10

Quotation Number: 2024- 008

Mode of Procurement: SVP

MPS No.

MPS-2024-023

Please quote us your best offer on the item/s listed below, subject to the terms and conditions.

- Submit **sealed quotations** to SPSO Iloilo City or Miagao Campus or email to: spso.upvisayas@up.edu.ph
- Indicate company name, address, and quotation number on the envelope or in your email subject.
- Affix full signature over printed name.

Please address to: EMILIZA C. LOZADA
Chief, SPSO, UP Visayas
Miagao, Iloilo

DEADLINE : 6.17.24

Emiliza C. Lozada
EMILIZA C. LOZADA
CHIEF, SPSO

Item No.	Qty	Unit	Item and Description	ABC	Model	Unit Price	Total Price
Fund Source: EARMARKED 2024-05-408 IMFO							
1	1.00	job	<p>Proposed Repair of Ocean-Weather Laboratory Ocean weather laboratory (OWL) repainting, replacement of electrical and water lines</p> <p>SCOPE OF WORK: Civil Work</p> <ol style="list-style-type: none"> 1. Repair/replacement of broken glass window panes on the 2nd floor; 2. Minor repair of doors in the 2nd and 3rd floors; 3. Sealing of major leak/crack on the 3rd floor; 4. Plumbing/repair of the shower room, 3rd floor; re-piping; 5. Re-painting of building interior; 6. Re-painting of building exterior. <p>Electrical Work</p> <ol style="list-style-type: none"> 1. Replacement of defective lighting fixtures, switches and outlets 2. Re-wiring of shorted electrical line 3. Replacement of defective panelboard and breakers <p><i>-Please see attach file for reference of Specifications-</i></p>	161,747.15			

Total ABC - 161,747.15

Our Terms and Conditions

1. DELIVERY PERIOD: 16 CALENDAR DAYS UPON RECEIPT OF JC/NTP
2. PLACE OF DELIVERY: UPV OCEAN-WEATHER LABORATORY
3. PRICE VALIDITY : 20 DAYS
4. WARRANTY DATE: -
5. PAYMENT TERMS : 30 DAYS

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

FAXED:

Date: _____ Time: _____

Personally Distributed:

Received by:

Signature over Printed Name

Date

Printed Name / Signature

Tel No. / Cellphone No. / E-mail Address

Date

POSTED