



INVITATION TO BID

The Western Mindanao State University, through its Bids and Awards Committee (BAC), is inviting PhilGEPS registered suppliers to apply for eligibility and to submit bids for the item mentioned hereunder:

Name of Project: **Procurement of Various Airconditioning Equipment for the Supply Office**

Approved Budget Cost: **PHP 618,000.00**

Purchase Request No.: **PR 26-06-235**

Closing Date: **August 14, 2026 9:30 AM**

1.) *Four (4) units of Wall Mounted, Split Type ACU*

Specification:

- *Rating: 1.5 Hp*
- *Inverter Type*
- *1-phase, 230 V*

**Health Services Center : 4 units ABC:Php 140,000.00*

2.) *One (1) unit of Wall Mounted, Split Type ACU*

Specification:

- *Rating: 1.0 Hp*
- *Inverter Type*
- *1-phase, 230 V*

** Health Services Center : 1 unit. ABC:Php 25,000.00*

3.) *One (1) unit of Wall Mounted, Split Type ACU*

Specification:

- *Rating: 0.8 Hp*
- *Inverter Type*
- *1-phase, 230 V*

** Health Service Center : 1 unit ABC:Php 23,000.00*

4.) *Twelve (12) units of Window Type ACU*

Specification:

- *Rating: 2.0 Hp*
- *Inverter Type*
- *1-phase, 230 V*

** HRMO : 5 units, for replacement of non-inverter type * OVPAA : 2 units, for replacement of non-inverter type * COA : 1 unit, for replacement of non-inverter type
* QAO : 1 unit, for replacement of non-inverter type
* Health Service Center : 1 unit, for replacement
* RAO : 1 unit, for replacement of non-inverter type
* VPSAS : 1 unit. ABC:Php 384,000.00*

5.) *One (1) unit of Window Type ACU*

Specification:

- *Rating: 1.5 Hp*
- *Inverter Type*
- *1-phase, 230 V*

** HRMO : 1 unit, for replacement of existing non-inverter unit
ABC:Php 28,000.00*

6.) *Six (1) unit of Window Type ACU*



Specification:

- Rating: 0.8 Hp
- Inverter Type
- 1-phase, 230 V

*** Health Services Center : 1 unit**

ABC:Php 18,000.00

NOTE :

ITEMS 1, 2, 3 - SUPPLY, DELIVERY, INSTALLATION & COMMISSIONING WITH FREE ACCESSORIES INCLUDING ELECTRICAL MATERIALS IN NEMA 3R ENCLOSURE.

The criteria to be used for the eligibility check of the prospective bidders, examination and evaluation of bids, post-qualification and all matters relevant to this procurement shall be in accordance with Republic Act. No. 12009 (New Government Procurement Reform Act) and its Implementing Rules and Regulations.

In compliance with RA 12009 Documentary Requirements interested bidders are required to submit their valid and current Mayor's Permit, PhilGEPS Registration, Omnibus Sworn Statement (OSS), Income Tax Return or Tax Clearance and other relevant documents (if necessary), upon the submission of quotation.

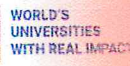
Award of contract shall be made to the LCRB, MEARB, MARB or HRRB, SCRB, as the case maybe, which complies with the necessary description as stated above and other terms and conditions stated in the price quotation form.

Any interlineations, erasures or overwriting shall be valid only if they are signed or initiated by the bidder or his/her duly authorized representative/s.

Submission of Quotation and eligibility documents is on or before **August 14, 2026 9:30 AM** at the Procurement Office, Ground Floor, Admin Building, Western Mindanao State University, Normal Road, Baliwasan, Zamboanga City. Open submission may be submitted manually or email (bac@wmsu.edu.ph).

For inquiries, you may coordinate with the BAC Secretariat at telephone no. (062) 991-1771 loc 1002

The WESTERN MINDANAO STATE UNIVERSITY reserves the right to reject any or all Bids and to accept the bid most advantageous to the government, and to award the contract by lot, if warranted. by lot, if warranted.



REQUEST FOR QUOTATION

Quotation No.: _____

PR-26-06-235

Please quote your lowest price on the item/s listed below, subject to the General Conditions on the page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than **AUG 14 2026** at **9:30 A.M.** in the return envelope attached herewith. Any quotation submitted beyond this date will not be considered.

JOSELITO D. MADROÑAL, DPA
BAC Chairperson for GOODS

NOTE:

- 1 SUPPLIERS SHALL SUBMIT THEIR REQUEST FOR QUOTATION (RFQ) **DULY SIGNED IN A SEALED MAIL/BROWN ENVELOPE**
- 2 DELIVERY PERIOD _____ CALENDAR DAYS UPON RECEIPT OF THE PURCHASE ORDER.
- 3 WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES AND MATERIALS. ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY WESTERN MINDANAO STATE UNIVERSITY
- 4 PRICE VALIDITY SHALL BE FOR A PERIOD OF 120 CALENDAR DAYS UPON RECEIPT OF THE PURCHASE ORDER
- 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
- 7 For ABCs above **Php50,000.00**, you are REQUIRED to SUBMIT Omnibus Sworn Statement (OSS) upon Award.

Item No.	Qty	Unit	Item and Description	Approved Budget for the Contract (ABC)	Unit Cost	Total Cost
1.	4	units	Wall Mounted, Split Type ACU Specification: - Rating: 1.5 Hp - Inverter Type - 1-phase, 230 V *Health Services Center : 4 units 35,000.00/units.	P140,000.00		
2.	1	unit	Wall Mounted, Split Type ACU Specification: - Rating: 1.0 Hp - Inverter Type - 1-phase, 230 V * Health Services Center : 1 unit. 25,000.00/unit.	P 25,000.00		
3.	1	unit	Wall Mounted, Split Type ACU Specification: - Rating: 0.8 Hp - Inverter Type - 1-phase, 230 V	P 23,000.00		

EPS Reference Number : _____
EPS Solicitation Number : _____
EPS Closing Date : _____

1 of 3

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

After having carefully read and accepted your General Conditions, the foregoing are our price quotation for the items above indicated.

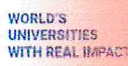
PhilGEPS Certificate No.: _____
Certificate Reference No.: _____

REY ESPIRITUSANTO / **DANNI VINCENT VILLAREAL**
Canvasser

Printed Name/Signature

Tel. No./Cellphone #

Date



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			* Health Service Center : 1 unit 23,000.00/unit.			
4.	12	units	Window Type ACU Specification: - Rating: 2.0 Hp - Inverter Type - 1-phase, 230 V * HRMO : 5 units, for replacement of non-inverter type * OVPAA : 2 units, for replacement of non-inverter type * COA : 1 unit, for replacement of non-inverter type * QAO : 1 unit, for replacement of non-inverter type * Health Service Center : 1 unit, for replacement * RAO : 1 unit, for replacement of non-inverter type * VPSAS : 1 unit. 32,000.00/units.	P384,000.00		
5.	1	unit	Window Type ACU Specification: - Rating: 1.5 Hp - Inverter Type - 1-phase, 230 V	P 28,000.00		

EPS Reference Number : _____
EPS Solicitation Number : _____
EPS Closing Date : _____

2 of 3

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

After having carefully read and accepted your General Conditions, the foregoing are our price quotation for the items above indicated.

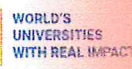
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			* HRMO : 1 unit, for replacement of existing non-inverter unit . 28,000.00/unit.			
6.	1	unit	Window Type ACU Specification: - Rating: 0.8 Hp - Inverter Type - 1-phase, 230 V * Health Services Center : 1 unit NOTE : ITEMS 1, 2, 3 - SUPPLY, DELIVERY, INSTALLATION & COMMISSIONING WITH FREE ACCESSORIES INCLUDING ELECTRICAL MATERIALS IN NEMA 3R ENCLOSURE. 18,000.00/unit.	P 18,000.00		
			NOTE: Supply Office (Consolidated)			

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Total: _____

EPS Reference Number : _____

EPS Solicitation Number : _____

EPS Closing Date : _____

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

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