



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF BUDGET AND MANAGEMENT
REGION VIII

NOTICE OF AWARD

December 20, 2023

The Manager
Ric Ref and Aircon Shop
Tacloban City

Dear **Sir/Madam:**

This is to notify you that your Bid for the **Repairs and Maintenance of Various Air-Conditioning Units** for the contract Price of **Sixty-Two Thousand Seven Hundred Pesos (P62,700.00)** Only is hereby accepted.

Please refer to the attached signed quotation for the details of the specifications. May we remind likewise that processing of payment is subject to compliance with the required documentary requirements provided in the procurement terms and conditions of the Request for Quotation.

For information and guidance.

Very truly yours,


IMELDA C. LACERAS, CESO III
Regional Director

Conforme:



(Signature over Printed Name)
Manager / Authorized Representative
Ric Ref and Aircon Shop
Date of Receipt: 12-20-23

PURCHASE ORDER**Department of Budget and Management****Regional Office VIII**

Villa Ruiz, Bgy 77, Marasbaras, Tacloban City

Tel. No. (053) 888-0548, & 832-1628

Supplier :	Ric Ref and Aircon Shop	P.O. No. : <u>2023-12-046</u>
Address :	Tacloban City	Date : December 20, 2023
TIN :		Mode of Procurement : Negotiated-SVP

Gentlemen:

Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery :	DBM RO VIII, Marasbaras, Tacloban City	Delivery Term :	
Date of Delivery :	See note below.	Payment Term :	LDDAP-ADA

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
		Repair and Maintenance of Various Air-Conditioning Units			
		Scope of Work: <ul style="list-style-type: none"> • Diagnose and resolve the power supply issue with the unit Gen. Royal (Split Type). • Inspect air conditioning unit for leaks, and recharge freon for various airconditioning unit if necessary. • Replacement of Capacitor and Magnetic Contactor wiring and repair of Copper pipe for various units to restore functionality and prevent future issues. • Replacement of Compressor Motor to restore full cooling capacity. • Replacement of exposed Electrical Breakers (RD's office and Main Bldg-2nd flr.) to eliminate risk of water damage and electrical hazard. • Replacement of Air Swing Motor to restore its proper airflow direction. • Replacement of 40 Amp Breaker Switch to 100 Amp Breaker to increase electrical capacity. 			
		Specifications:			
		<ul style="list-style-type: none"> • Gen. Royal (Split Type) GAD Center-Kitchen No Power Supply 			
		<ul style="list-style-type: none"> • Koppel (Window Type) GAD Center-Dormitory Freon Recharging 			
		<ul style="list-style-type: none"> • Koppel (5 tonner - Cabinet Type) Conference Room Replacement of Capacitor; Magnetic Contactor Wiring 			
		<ul style="list-style-type: none"> • Koppel (Split type) Main Building-2nd flr Lobby Compressor Motor for replacement; Freon Recharging; Replacement of Electrical Breaker 			
		<ul style="list-style-type: none"> • Koppel (Split type) Main Building Dormitory (Living Area) 			

	Freon Recharging		
	• Koppel (3 tonner - Cabinet Type) Tech. Div. - Pantry Area Capacitor and Magnetic Contactor for replacement; Freon recharging Copper pipe repair; Freon recharging		
	• Koppel (Split type) ARD Office Replacement of Air Swing Motor		
	• General Royal (3 tonner - Cabinet Type) RD Office Replacement of Electrical Breaker		
	• 40 Amp Breaker Switch Electrical Room For replacement of 100 Amp Breaker		
	• Koppel (Split Type) Main Building Dormitory (Living Area) Freon Recharging		
	Delivery Period: Five(5) Calendar days upon receipt of PO and NOA		
	Warranty on Service and Parts (Repairs and Maintenance): Six (6) months from completion of the service. Genuine parts only		
	TOTAL		62,700.00

In Case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed.

We reserve the right to return the above items in case of defects and if found not in accordance with the agreed specifications.

Very Truly yours,

IMELDA C. LACERAS, CESO III
Regional Director

Conforme:

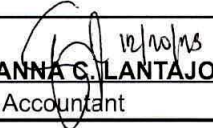


(Signature over printed name)

Date 12-20-20

Fund Cluster : _____

Funds Available : _____


MA. JOANNA S. LANTAJO
Accountant

ORS/BURS No. : _____

Date of the ORS/BURS: _____

Amount : _____