CAMPUS PLANNING, DEVELOPMENT & MAINTENANCE OFFICE
UNIVERSITY OF THE PHILIPPINES MANILA
The Health Sciences Center
P. Faura Street, Ermita, Manila Tel. No. 525-2233 Telefax No. 526-8420
CPDMO
U.P. MANILA

PROJECT TITLE : **SUPPLY AND INSTALLATION OF OFFICE FURNITURE FOR FACULTY ROOM AND LRC**
2nd Floor SHS Palo Admin Building
University of the Philippines Manila

NAME OF BIDDER : _____

ADDRESS : _____

CONTACT NO(S). : _____

TOTAL LUMP SUM BID : _____ **PhP** _____

ITEM	*QTY.*	*UNIT(S)*	*DESCRIPTION(S)*	*UNIT COST*	*TOTAL COST*
1.00	**LEARNING RESOURCE CENTER**				
	28.00	unit(s)	**Computer Chairs** Mesh back rest, adjustable height, arm rest, lumbar support, ball caster legs.	PhP _____	PhP _____
	28.00	unit(s)	**Computer Tables** HPL Finish work tops with grommet, keyboard tray, c/w mobile pedestal. Modular panel partitions: combination of metal and fabric H=1.50 m, c/w concealed cable raceway, lan and power outlet hub.	PhP _____	PhP _____
	1.00	lot	Delivery/Shipping	PhP _____	PhP _____
			Sub-Direct Cost		**PhP** _____
2.00	**FACULTY ROOM**				
	14.00	unit(s)	**Computer Tables** HPL Finish work tops with grommet, keyboard tray, c/w mobile pedestal. Modular panel partitions: combination of metal and fabric H=1.50 m, c/w concealed cable raceway, lan and power outlet hub.	PhP _____	PhP _____
	14.00	unit(s)	**Computer Chairs** Mesh back rest, adjustable height, arm rest, ball caster legs.	PhP _____	_____
	6.00	unit(s)	**Conference Chair** Stainless frame, leather seat w/ arm rest and leather back rest.	PhP _____	PhP _____
	1.00	unit(s)	**Meeting Table** 900X1500X740mm HPL finish top.	PhP _____	PhP _____
	1.00	unit(s)	Gang Chair 4 Seater	PhP _____	_____
	1.00	unit(s)	**Motorized Projector Screen** 70" x 70 Motorize Screen	PhP _____	PhP _____
	1.00	lot	Delivery/Shipping	PhP _____	PhP _____
			Sub-Direct Cost		**PhP** _____

SUMMARY

1.00	**LEARNING RESOURCE CENTER**		PhP _____
2.00	**FACULTY ROOM**		_____
	Total Materials and Labor Cost		**PhP** _____
	Overhead Cost	@ _____	_____
	VAT	@ 12%	_____
	TOTAL PROJECT COST		**PhP** _____

PREPARED BY : _____ _____
Signature over Printed Name & Position/Designation Date