



## PURCHASE REQUEST

Dept./Office: **CVM**

PR #: **STF-2021-10-01351**

Date: **10-18-2021**

Section/End-User: **Noel C. Bustillo**

Category: **Office Equipment**

Funding Source: **Special Trust Fund**  
*CVM LAB FEES*

Project Title/Code: **Diagnostic lab**

Item #	Item Description	Unit	Qty	Unit Cost	PAR/ICS	Total Cost
1	Air Condition, Split type, Inverter, 2.0 HP	set	2	55,000.00		110,000.00

**Specification:**

- ?Cooling capacity: at least 18,500 kj/h
- ?wall mounted
- ?EER rating above 10
- ?with remote control
- ?with one year warranty on parts and services
- ?with free installation

**TOTAL**

**110,000.00**

Purpose: Office and laboratory use

Checked by:

**NORMAN O. VILLAS**

**TWG - Office Equipment**

Funds Available:

**ALICIA M. FLORES**

**HEAD, BUDGET OFFICE**

Signature:	Requested by:	Noted by:	Approved by:
Printed Name:	<b>NOEL C. BUSTILLO</b>	<b>SANTIAGO T. PEÑA JR.</b>	<b>EDGARDO E. TULIN</b>
Designation:	<b>END USER</b>	<b>UNIT HEAD, PROJECT LEADER</b>	<b>PRESIDENT, VSU</b>