



Republic of the Philippines
 Department of Agriculture
PHILIPPINE COUNCIL FOR AGRICULTURE AND FISHERIES
 Department of Agriculture Compound
 Elliptical Road, Diliman, Quezon City
 Tel. No. (02) 8928-8751 to 64 locals 2601-2625, email: pcafofficial@pcaf.da.gov.ph

September 2, 2025

**NOTICE OF AWARD
 No. 2025-114**

MS. LESLIE C. REBAULA
 Owner
ASPIRE APPLIANCE MARKETING
 20 Magnolia St. Pasong Tamo,
 Quezon City

Dear **Ms. Rebula**:

With reference to your quotation for the **SUPPLY AND DELIVERY OF ONE (1) UNIT 7.0 CU. FT. REFRIGERATOR FOR AFMD-GSS USE**, we are pleased to confirm the award to your firm for the total amount of **TWENTY THOUSAND EIGHTY-EIGHT PESOS ONLY (Php 20,088.00)**, inclusive of appropriate taxes and fees, with the following specifications:

Item Description	QTY	Unit	Unit Cost	Total Cost (Php)
Supply and delivery of one (1) unit 7.0 cu. Ft. Refrigerator Fujidenzo INR83HS	1	unit		20,088.00
Specifications:				
• Type : Two Door				
• Capacity : 7.0 cu. Ft				
• Defrost System : No Frost				
• Dimension (WxHxD) : 575 x 1469 x 590 mm				
• Inverter				
• Energy Efficient Inverter Compressor				
• Smart Cooling				
• Eco-LED Lights				
• Recessed Handle				
• Reversible Door				
• Twist Ice Tray				
• Warranty: 1 year on labor, 2 years on parts, 5 years on compressor				
<i>Purpose: For AFMD/GSS use.</i>				

Please acknowledge receipt and acceptance of this Notice within 3 working days by signing in the space provided below and email us at bacsec@pcaf.da.gov.ph upon receipt thereof.

In connection with this Notice, please submit the following documents;

1. Omnibus Sworn Affidavit that the bidder is not related to the HOPE by consanguinity or affinity up to the third civil degree; and
2. Signed Purchase Order.

For inquiries, you may get in touch with Mr. Ken Ryan P. Eleazar, BAC Secretariat of PCAF at telephone numbers 8926-2147. Loc 2622

Thank you.

Very truly yours,


JULIETA E. OPULENCIA
 Deputy Executive Director III

I acknowledge receipt of this Notice of Award on SEPTEMBER 08, 2025
 Name of Authorized Representative LESLIE REBAULA
 Signature _____

Bank Details:
 Name of Payee : ASPIRE APPLIANCE MARKETING
 Name of Bank : LANDBANK
 Branch : Commonwealth
 Account Number : 0621137697

