

Office/ Campus: PHILIPPINE SCIENCE HIGH SCHOOL CALABARZON REGION CAMPUS
Address/ Contact Details: Barangay Sampaga West, Batangas City

Quotation No.: 2022-12-203
Date: December 12, 2022

SIR/MADAM

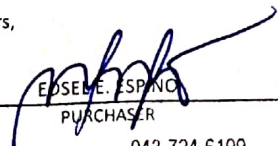
May we request for quotation on materials enumerated hereunder. If you are interested and in a position to furnish the same, we shall be glad to have your best prices.

Delivery within 20 calendar days upon receipt of approved Purchase Order (PO).

In case of failure to make the full delivery/completion within the time specified as offered/required, the Supplier/ Contractor shall be liable for liquidated damages/penalty of one-tenth (1/10) of one percent (1%) of the Contract Price per calendar day of delay minus the value of the delivered/completed portion(s) of the approved P.O./Contract.

Item #	QTY	UNIT	ITEM/DESCRIPTION	UNIT COST	TOTAL COST
<u>PRICES MUST BE Tax (VAT) INCLUSIVE</u>					
1	1	UNIT	REPAIR OF EPSON PRINTERS OF PHILIPPINE SCIENCE HIGH SCHOOL-CALABARZON RC A. UNIT MODEL: EPSON L1300 SERIAL NUMBER: UB8Y088319 DIAGNOSIS: CLOGGED PRINTER HEAD		
2	1	UNIT	B. UNIT MODEL: EPSON L1300 SERIAL NUMBER: UB8Y088426 DIAGNOSIS: WORN-OUT LD ROLLER & RETARD SUB ASSY		
3	1	UNIT	C. UNIT MODEL: EPSON L220 SERIAL NUMBER: VGFK102823 DIAGNOSIS: WASTE INK OVERFLOW, NEED TO REPLACE TRAY POROUS PAD		
4	1	UNIT	D. UNIT MODEL: EPSON L220 SERIAL NUMBER: VGWK033982 DIAGNOSIS: DEFECTIVE CR MOTOR, CLOGGED PRINTER HEAD & JAMMED FOREIGN OBJECT		
5	1	UNIT	E. UNIT MODEL: EPSON L220 SERIAL NUMBER: VGWK034003 DIAGNOSIS: WORN-OUT SHAFT ROLLER & HOLDER RETARD, CLOGGED PRINTER HEAD		
6	1	UNIT	F. UNIT MODEL: EPSON L6190 SERIAL NUMBER: X4CW013133 DIAGNOSIS: NEEDS TO REPLACE MAINTENANCE BOX		

Delivery Term : WITHIN 20 CALENDAR DAYS AFTER THE RECEIPT OF PURCHASE ORDER
Delivery Time : _____
Payment Term : WITHIN 30-45 CALENDAR DAYS AFTER THE COMPLETE DELIVERY OF ITEMS

Very truly yours,

EDSEL E. ESPINO
PURCHASER
Telephone: 043-724-6199

PRICES IN THE ABOVE OFFER ARE CERTIFIED TRUE AND CORRECT:

Authorized Company Representative : _____
(Signature Over Printed Name)
Company Name : _____
Address : _____
Telephone nos. : _____
T.I.N. : _____

IMPORTANT
1. Prices must be typewritten in ink clearly.
2. If offering a substitute/equivalent, specify the brand and make.