REQUEST FOR QUOTATION FORM & NOTICE (GOODS)

1		ICE HIGH SCHOOL SYSTEM				
		TO STATE OF THE ST	ARZON REGION CAMPUS			
Office/ Campus:	PH	IILIPPINE SCIENCE HIGH SCHOOL CALAB	ARZON REGION			
Office/ Campus: Address/ Contact Details: Barangay Sampaga West, Batangas City				2	2022-04-067 pril 19, 2022	
Quotation No.:				A	April 13, 2022	
THE STATE OF A STATE OF THE STA						
GENTLEMEN:		tation on materials enumerated hereunder.	If you are interested and in a position to			
May we red	uest for quo	glad to have your best prices.				
furnish the same	, we shall be	glad to have your best prices. 20 calendar days upon reco	ript of approved Purchase Order (PO).			
Delivery wit	nin ilure to make	the full delivery/completion within the tin	ne specified as offered/required, the Supplier/ /10) of one percent (1%) of the Contract			
Contractor shall i	be liable for l	e the full delivery/completion within the tin iquidated damages/penalty of one-tenth (: minut the value of the delivered/complet	ed portion(s) of the approved P.O./Contract.		TOTAL COST	
Price per calenda	r day of dela	y minus the value of the delivered, company	ITEM/DESCRIPTION	UNIT COST	TOTAL COST	
tem# QTY	UNIT	And the second second	The state of the s			
		PRI	ES MUST BE Tax (VAT) INCLUSIVE SUPPLY & DELIVERY			
	DIFFE	MEDAL (GOLD)				
1 75	PIECE	-FOR EXCELLENCE AWARDS & ACA	DEMIC AWARDS- HIGHEST HONOR)			
		-METAL STAMPED -DIAMETER: 70 MM WITH BLUE RI			-	
		-DIAMETER: 70 MM WITH BLUE KI -SINGLE FACE ONLY				
2 25	PIECE	MEDAL (SILVER)	ONORE)			
		-FOR ACADEMIC AWARDS- HIGH HONORS) -METAL STAMPED				
		-METAL STAINTED -DIAMETER: 70 MM WITH BLUE RIBBON				
		-SINGLE FACE ONLY				
3 1	PIECE	-DIAMETER: 70 MM				
1 1	PIECE	PLAQUE				
1 1	11202	-GLASS PLAQUE				
		-10" IN HEIGHT				
Town 1	WITE	IIN 20 CALENDAR DAYS AFTER TH	E RECEIPT OF PURCHASE ORDER			
very Term : very Time :						
nent Term :	WITH	IN 30-45 CALENDAR DAYS AFTER TH	E COMPLETE DELIVERY OF ITEMS			
ruly yours, PRICES IN THE ABOVE CERTIFIED TRUE AND						
	Ω	/ (CERTIFIED TROI	E AND CORRECT.		
(D	EL E. ISH N	Authorized C	ompany			
	PURCHA EF	Representa				
phone:	043-	724-6199	(Signature Ove	er Printed Name)		
1		Company Na	me :			
RTANT		Address				
es must be type						
ffering a substitu						
e brand and mal		T.I.N.				