

PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM

REQUEST FOR QUOTATION FORM & NOTICE
(GOODS)

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

2022-08-120
August 10, 2022

Quotation No.:
Date :

GENTLEMEN:

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 30 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
PRICES MUST BE Tax (VAT) INCLUSIVE SUPPLY & DELIVERY					
1	1000	TABLET	PARACETAMOL., 500 mg		
2	1000	CAPSULE	MEFENAMIC ACID, 500 mg		
3	500	CAPSULE	CARBOCESTEINE, 500 mg		
4	200	CAPSULE	DEXTROMETHORPHAN HBr, 15 mg, PHENYLPROPANOLAMINE HCl, PARACETAMOL 325 mg		
5	1000	TABLET	PHENYLEPHRINE HCl, 10 mg, CHLORPHENAMINE MALEATE, 2 mg, PARACETAMOL, 500 mg		
6	300	CAPLET	CETIRIZINE, 10 mg		
7	20	AMPULES	SALBUTAMOL SULFATE NEBULE, 1mg/ml or 2mg/ml		
8	200	CAPSULE	LOPERAMIDE, 2mg		
9	200	TABLET	HYOSCINE N-BUTYLBROMIDE		
10	200	TABLET	ALUMINUM HYDROXIDE, 178 mg, MAGNESIUM HYDROXIDE 233 mg, SIMETICONE, 30mg		
11	300	TABLET	MECLIZINE, 4mg, CHEWABLE		
12	80	PACK	DICHLOROBENZYL ALCOHOL- AMYMETACRESOL LOZENGE		
13	200	LOZENGE	DEQUALINIUM, 250 mcg		
14	80	BOX	MENTHOLATED PATCH, 10'S		
15	30	PACK	COOLING GEL PATCH, 2's (ADULT)		
16	15	BOTTLE	ISOPROPYL ALCOHOL (70%) 1000 ml		
17	30	BOTTLE	MENTHOL CRYSTALS METHYL SALICYLATE EUCALYPTUS OIL, 10 ml		
18	10	TUBE	ANTIBACTERIAL OINTMENT, 15g		
19	15	SACHET	ZINC OXIDE + CALAMINE, 3.5 G		
20	8	PACK	COTTON BALLS, 100's		

Delivery Term : WITHIN 30 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

Authorized Company
Representative :

PRICES IN THE ABOVE OFFER ARE
CERTIFIED TRUE AND CORRECT:

Telephone: 043-724-6199

(Signature Over Printed Name)

IMPORTANT

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

Company Name :

Address :

Telephone nos. :

T.I.N. :