

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

GENTLEMEN:

Quotation No.:
Date:

2022-09-158
September 30, 2022

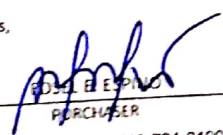
May we request for quotation on materials enumerated hereunder. If you are interested and in a position to furnish the same, we shall be glad to have your best prices.

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	1	SET	LATIN DANCE COSTUME FOR FEMALE WITH THE FOLLOWING SPECIFICATIONS: -THE FABRIC MUST BE METALLIC GOLD SPANDEX WRAPPED WITH FULLY SEQUINS FABRIC -CUSTOME DETAILS MUST HAVE RED & ORANGE MATSUNO GLASS BEADS, AND RED AND GOLD RHINESTONE BEADS -THE SKIRT MUST HAVE RED TASSELS WITH SHINY RED BEADS -DANCING SHOES FOR LATIN DANCES MUST BE INCLUDED IN SKIN TONE COLOR		
2	1	SET	LATIN DANCE COSTUME FOR MALE WITH THE FOLLOWING SPECIFICATIONS: -THE FABRIC MUST BE BLACK POWER NET FABRIC IN TURTLE NECK STYLE -THE BODICE MUST BE BLACK IN NEOPRENE OR VELVET FABRIC WITH BLACK LEATHER ACCENT EMBELLISHED WITH SILVER STONES -THE DANCING PANTS MUST BE IN BLACK, IN NEOPRENE OR VELVET FABRIC -DANCING SHOES FOR LATIN DANCES MUST BE INCLUDED IN BLACK COLOR		
3	1	PAIR	LATIN DANCING SHOES FOR FEMALE -SKIN TONE COLOR -SIZE: 38 (EU)		
4	1	PAIR	LATIN DANCING SHOES FOR MALE -BLACK COLOR -SIZE: 10		

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,

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

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

