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

GENTLEMEN:

Quotation No.: 2022-10-171
Date : October 18, 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 _____ 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		
1	1	LOT	VAN RENTAL (FOR UGNAYAN 2022)		
			-THE SUPPLIERS MUST PROVIDE TWO (1) SERVICE VEHICLE (VAN) WHICH WILL TRANSPORT THE		
			UGNAYAN 2022 PARTICIPANTS FROM PSHS-CALABARZONRC TO PSHS-CARC ON NOVEMBER 6,2022		
			AND FETCH FROM THE VENUE BACK TO PSHS-CALABARZON RC ON NOVEMBER 11, 2022		
			*ITINERARY		
			-NOVEMBER 6, 2022		
			PHILIPPINE SCIENCE HIGH SCHOOL-CALABARZON REGION CAMPUS, SITIO SAMPAGA WEST, BRGY.		
			SAMPAGA, BATANGAS CITY TO PHILIPPINE SCIENCE HIGH SCHOOL -CARC		
			-NOVEMBER 11, 2022		
			PHILIPPINE SCIENCE HIGH SCHOOL- CARC TO PHILIPPINE SCIENCE HIGH SCHOOL-CALABARZON		
			REGION CAMPUS, SITIO SAMPAGA WEST, BRGY.SAMPAGA, BATANGAS CITY		

Delivery Term : NOVEMBER 6 -11, 2022
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

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

PRICES IN THE ABOVE OFFER ARE CERTIFIED TRUE AND CORRECT:

Authorized Company Representative : _____
(Signature Over Printed Name)

Company Name : _____
Address : _____
Telephone nos. : CELLPHONE NOS.
T.I.N. : _____
Email Address: