PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM

PSHS-00-F-PRU-06-Rev0-04/17/17

REQUEST FOR QUOTATION FORM & NOTICE (GOODS)

Office/ Campus: PHILIPPINE SCIENCE		LIPPINE SCIENCE HI	GH SCHOOL CALABARZON RE	GION CAMPUS			
ddress/ Con	tact Details:	Bar	angay Sampaga We	est, Batangas City			
					Quotation No.:		2022-11-182
				Date :		N	ovember 3, 2022
GENTLE							
		est for quotat	tion on materials enu	merated hereunder. If you are in	terested and in a position to		
M	ay we requ	est for quotut	adn on materials end	nrices			
			ad to have your best p	ar days upon receipt of approx	ed Purchase Order (PO).		
De	elivery with	in	20 calendo	or days upon receipt or approv	offered/required the Supplier/		
In	case of fail	ure to make t	he full delivery/comp	letion within the time specified as	ercent (1%) of the Contract		
Contrac	ctor shall be	liable for liqu	uidated damages/pen	nalty of one-tenth (1/10) of one pe e delivered/completed portion(s) of	of the approved P.O./Contract.		
Price pe	er calendar	day of delay i	minus the value of the			UNIT COST	TOTAL COST
Item#	QTY	UNIT		The second secon	ESCRIPTION		
				PRICES MUST BE	Tax (VAT) INCLUSIVE		
					& DELIVERY		
1	100	SACK	RICE (5 KILOS PER	PACK) WITH SPAGHETTI SAUCE (1 KG.	DER PACK FOR PASTA & SAUCE)		
2	100	SET	SPAGHETTI PASTA	GRAMS PER BOXI			
3	100	BOX	CHEESE BAR (160 GRAMS PER BOX) SOFTDRINKS (1.5 LITERS PER BOTTLE)				
4	100	BOTTLE	ECO BAG (AT LEAST 18 INCHES × 18 INCHES PER BAG)				
5	200	CAN	SARDINES (155 GRAMS PER CAN)				
7	200	CAN	TUNA (155 GRAM	S PER CAN)			
8	200	PIECE	NOODLES (PANCI	(CANTON)			
9	200	CÁN	CORNED BEEF (15	5 GRAMS PER CAN)			
10	100	CAN		850 GRAMS PER CAN) ((330 ML PER CAN)			
11	100	CAN	CONDENSED MILK	(330 ML PER CAN)			
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Deliver	y Term :	WITI	HIN 20 CALENDAR	DAYS AFTER THE RECEIPT O	F PURCHASE ORDER		
	Time :						
2000000000			UNION AT CALENDA	R DAYS AFTER THE COMPLETE	DELIVERY OF ITEMS		
Paymen	nt Term :	WITH	IIN 30-45 CALENDAI	R DATS AFTER THE COMPLETE	DELIVERY OF THEMS		
Very truly	yours,	0	1			BOVE OFFER ARE	
	/	7/-/			CERTIFIED TRU	E AND CORRECT:	
	/E	DELE ESPIN	9	Authorized Company			
	-	PURCHASER		Representative :			
Teleph	one:	V	-724-6199	_	(Signature Ove	er Printed Name)	
· c.chii		3.4		Company Name :			
				company reame :			
(PORTANT	,			Address :			
APORTANT		ewritten in ini	k clearly.	Address :			
1. Prices n	nust be type	ewritten in ink ute/equivaler		Address :		,	