PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM

REQUEST FOR QUOTATION FORM & NOTICE (GOODS)

Office/ Cam	pus:	PHIL	IPPINE SCIENCE HIGH	SCHOOL CALABARZON REGIO	ON CAMPUS			
Address/ Con		Bara	angay Sampaga West,	Batangas City				
GENTLEMEN:				Quotation No.: Date :		E	2022-09-157 September 29, 2022	
furnish De In Contrac	the same, w livery within case of failu tor shall be	e shall be gla n re to make ti liable for liqu	d to have your best price calendar come full delivery/completion idated damages/penalty	ated hereunder. If you are inte es. days upon receipt of approve on within the time specified as a y of one-tenth (1/10) of one per clivered/completed portion(s) oj	nd Purchase Order (PO). Offered/required, the Supplier/ Cent (1%) of the Contract			
Item#	QTY	UNIT		ITEM/DE	SCRIPTION	UNI	T COST	TOTAL COST
				SUPPLY 8	Tax (VAT) INCLUSIVE & DELIVERY			
1	1	LOT	-BREAKFAST AND LU		FFICIALS & EMPLOYEES (FOR 30 PAX)			
					D DISH), VEGETABLE DISH, DESSERT,			
			BOTTLED WAT	TER AND BOTTLED/ CANNED JU		Charles Annual Control		
			>TO BE SERVED C	ON MANAGED BUFFET SET-UP	and the second s	and the second second		
		a specialist	-AM SNACK	E/SANDWICH/NATIVE DELICACY				
			> PASTA/ NOODL > COFFEE OR FRU	E/ SANDWICH/ NATIVE DELICA	-Y			
		- 191		PENG BARAKO FROM BREAKFA	ST UP TO LUNCH TIME			
	-		-FREE-FEOVING RA		ST OF TO LONCIT TIME	LEGISLA CONTRACTOR OF THE PARTY		
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Delive	ry Term :	oc	TOBER 12, 2022		Windows			
Delive	ry Time :	_		R DAYS AFTER THE COMPLET	F DELIVERY OF ITEMS	*		
Payme	ent Term :	WI	THIN 30-45 CALENDAN	T DATS AFTER THE CONFECT				
Very tre	uly yours,	260	RS	Authorized Company		IN THE ABOVE OFFER A IED TRUE AND CORREC		
PURCHASER				Authorized Company Representative:	(Signa	ture Over Printed Name	e)	
Telep	ohone:		43-724-6199	Company Name :				
IMPORTA	NT			Address :				
		ypewritten ir	ink clearly.					- Peterson Care
2. If off	fering a sub:	stitute/equiv	alent, specify	Telephone nos. :				
the	brand and	make.	1] T.I.N. :				
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