

<b>PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM</b>	<b>REQUEST FOR QUOTATION FORM &amp; NOTICE</b>
<b>GOODS</b>	
<b>Office/Campus:</b>	PHILIPPINE SCIENCE HIGH SCHOOL-ZAMBOANGA REGION CAMPUS
<b>Address/Contact Details:</b>	Cogon, Dipolog City

GENTLEMEN:

Quotation No.:  
Date:

2020-10-0212
October 28, 2020

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 \_\_\_\_\_ working 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
<b><u>PRICES MUST BE Tax (VAT) INCLUSIVE</u></b>					
	6	unit	PRINTER, Memo Capacity 64MB, LCD (Liquid Crystal Display), 16 characters x 1 line, automatic document feeder, document size ADF width: 148mm to 215.9mm, ADF Length: 148		
	1	unit	Printer, Print, Scan, Copy, Fax All in one with Built in wireless and ethernet. Ultra-high 6500 page yield (blank ink)/5000 page yield (colour ink). Direct mobile print & scan. Seamless multipage scan, copy & fax (auto document feeder). Flexible, paper handling with 150 sheet default paper tray & 1 sheet manual feed slot. Borderless, printing, refill tank system, up to 12/10 ipm, up to 1200x6000 dpi, Built in wireless, ethernet, Auto document feeder.		
Note: To include delivery to PSHS-ZRC in Cogon, Dipolog City					
<b>TOTAL</b>					
<b>Approved Budget: Php. 104,440.00</b>					
Delivery Term	within 5 days from PO date				
Delivery Time	8:00 am to 5:00 pm				
Payment Term	within 30 days				

Very truly yours,

**PRICES IN THE ABOVE OFFER ARE  
CERTIFIED TRUE AND CORRECT:**

(Sgd.) RRYAM A. JARALVE  
BAC Chairperson

Authorized Company  
Representative :

Company Name :  
Address :

Telephone nos. :  
T.I.N. :

\_\_\_\_\_ (Signature Over Printed Name)

**IMPORTANT**

1. Prices must be written clearly.
2. If offering a substitute/equivalent, specify the brand and make.