

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

GENTLEMEN: Quotation No.:

2020-10-0208

Date:

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
<u>PRICES MUST BE Tax (VAT) INCLUSIVE</u>					
	24	pc.	Brother Printer Ink (BT6000 Black)		
	13	pc.	Brother Printer Ink (BT5000 Cyan)		
	13	pc.	Brother Printer Ink (BT5000 Magenta)		
	13	pc.	Brother Printer Ink (BT5000 Yellow)		
	2	pc.	OTG Flash Drive/USB (port both cp and computer) Iphone compatible (32G)		
	1	pc.	OTG Flash Drive/USB (port both cp and computer) Type C (32G)		
	1	unit	Toshiba connector for external drive		
	2	pc.	Brother Printer Ink, Cartridge, (LC535XL-Y; Yellow)		
	2	pc.	Brother Printer Ink, Cartridge, (LC535XL-M; Magenta)		
	2	pc.	Brother Printer Ink, Cartridge, (LC535XL-C; Cyan)		
	2	pc.	Brother Printer Ink, Cartridge, (LC539XL-BK; Black)		
	5	pc.	Flash Drive 64G		
	2	pc.	9V Battery		
	4	pc.	INK, EPSON C13T03Y100, black		
	2	pc.	INK, EPSON C13T03Y200, Cyan		
	2	pc.	INK, EPSON C13T03Y300, Magenta		
	2	pc.	INK, EPSON C13T03Y400, Yellow		
<i>Note: To include delivery to PSHS-ZRC in Cogon, Dipolog City</i>					
TOTAL					

Approved Budget: Php. 50,455.00	
Delivery Term	<u>within 5 days from PO date</u>
Delivery Time	<u>8:00 am to 5:00 pm</u>
Payment Term	<u>within 30 days</u>

Very truly yours,

(Sgd.) RRYAM A. JARALVE
BAC Chairperson

Authorized Company Representative : _____

PRICES IN THE ABOVE OFFER ARE CERTIFIED TRUE AND CORRECT:

(Signature Over Printed Name)

Company Name : _____
 Address : _____
 Telephone nos. : _____
 T.I.N. : _____

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