

**PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM**

**REQUEST FOR QUOTATION FORM & NOTICE**

**GOODS**

<b>Office/Campus:</b>	PHILIPPINE SCIENCE HIGH SCHOOL-ZAMBOANGA REGION CAMPUS
<b>Address/Contact Details:</b>	Cogon, Dipolog City

GENTLEMEN:

Quotation No.:

2020-12-0299

Date:

December 14, 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>PRICES MUST BE Tax (VAT) INCLUSIVE</b>					
1	4,000	liter	Diesel Fuel		
			Note:		
			- 4,000 liters is estimated to be good for 12 months; actual quantity maybe higher or lower		
			- unit cost herein is for Request for Quotation (RFQ) purposes only but a basis forevaluating the quotation		
			- cost per liter that will be used for billing will be the prevailing rate during withdrawal		
			- each fuel withdrawal must be covered with a corresponding approved Purchase Order		
			- billing is to be done monthly		
			- a Memorandum of Agreement shall be entered into by the supplier and the PSHS-ZRC as regards the policies and procedures in the supply of fuel		
			- supplier must be PhilGEPS registered at the time of quoting for a price (to attach PhilGEPS registration in the RFQ)		
			- supplier to indicate additional/premium services it can offer for free, if any, at the time of quoting for price		
			<b>TOTAL</b>		

**Approved Budget: Php. 200,000.00**

Delivery Term      12 months  
 Delivery Time      8:00 am to 5:00 pm  
 Payment Term      within 30 days

Very truly yours,

  
**RRYAM G. MARALVE**  
 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.