PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM

REQUEST FOR QUOTATION FORM & NOTICE (GOODS)

Office/ Campus: PHILIPPINE SCIENCE HIGH SCHOOL-ZAMBOANGA REGION CAMPUS						
Address/ Contact Details:	Address/ Contact Details: Cogon, Dipolog City					
SIR/MADAM: Quotation No.: 2023-10-0188 October 4, 2023 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						
1 1 s	et Physics Laboratory Stat	ion Set-up for Optics				
	1x Optics Viewing Scree 1x Optics Ray Table 1x Optics Light Source 1x Dynamics Track Opt 1x Optics Geometric Le 1x Accessory Lens Set 1x Double-Convex Lens 1x Double-Concave Len 1x Acrylic Trapezoid 1x Triangular mirror ac plane reflective surface 1x Hollow lens to fill wi 1x Storage Box/Water plastic sheet	Set includes: 1x Concave/Convex Mirror 1x Optics Viewing Screen 1x Optics Ray Table 1x Optics Light Source 1x Dynamics Track Optics Carriages (Set of 4) 1x Optics Geometric Lens Set 1x Accessory Lens Set 1x Double-Convex Lens 1x Double-Concave Lens 1x Acrylic Trapezoid 1x Triangular mirror accessory with concave, convex, and plane reflective surfaces 1x Hollow lens to fill with a liquid or use as an air lens. 1x Storage Box/Water Tank with foam insert and white plastic sheet Note: To be installed at ACAD 3 Building, PSHS-ZRC, Cogon,				
Approved Budget for the Contract: P 100,000.00						
Delivery Term : within 15 weeks from PO date Belivery Time : 8:00 am. to 5:00 p.m.						
Payment Term: within 30 days Very truly yours, PRICES IN THE ABOVE OFFER CERTIFIED TRUE AND CORRE SHERL DIANNE S. ESTOQUE						
PURCHASER Telefax:			(Signature Over Printed Name)			
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	_	Company Name : Address : Telephone nos. : T.I.N. :				