

PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM		REQUEST FOR QUOTATION FORM & NOTICE (GOODS)	
Office/ Campus:	Central Mindanao Campus		
Address/ Contact Details:	Nangka, Baloi, Lanao del Norte		

Quotation No.:	19-10-234
Date :	October 30, 2019

GENTLEMEN:

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>					
1	56	pack	Physical/Medical Executive Check-up Package		
			to include the following laboratory test procedures:		
			ECG 12 leads		
			chest X ray - PA		
			CBC		
			lipid profile		
			SGPT (liver test)		
			SGOT (liver test)		
			BUA (blood uric acid)		
			BUN (blood urea nitrogen)		
			creatinine		
			Fasting Blood Sugar (FBS)		
			serum potassium		
			HBsAg (hepa B screening)		
			HBaAB (hepa B antibody)		
			ultrasound (whole abdomen)		
			TOTAL		

Delivery Term : _____
 Delivery Time : _____
 Payment Term : _____

Very truly yours,

JENNIFER L. FRASCO
OIC-PURCHASER

Telefax: _____

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

Authorized Company Representative : _____
 (Signature Over Printed Name)

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

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