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.: 19-10-233
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
			PRICES MUST BE Tax (VAT) INCLUSIVE		
1	2	unit	**Supply, delivery and Installation of Environmental**		
			Safety Cabinet		
			bottom collecting sump, powder-coated steel with 5 L		
			volume for the shreds		
			exhaust air connection		
			sturdy sheet-steel construction		
			lockable doors with cylinder locking		
			galvanized bottom collecting sump		
			height adjustable tray shelves, load capacity of 50kg		
			with tray shelf galvanized steel		
			dimension (WxDxH): 950mmx500mmx1950mm		
			as shown in the attached picture		
2	2	unit	**Supply, Delivery and Installation of Storage Cabinet**		
			two-in-one storage of falammable liquids and aggressive		
			chemicals in one cabinet		
			robust construction and longevity		
			standard door open arrest system		
			shelves load capacity of 150kg		
			left side: 3 shelves, 1 perforated insert, 1 bottom		
			collecting sump (V=22L), plastic laminated steel		
			right side: 4 pull-out shelves with plastic sump		
			dimension (WxDxH): 1197mmx617mmx1969mm		
			as shown in the attached picture		
			TOTAL		

Delivery Term :
Delivery Time :
Payment Term :

Very truly yours,

JENNIFER L. FRASCO
OIC/PURCHASER

Telefax:

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

PRICES IN THE ABOVE OFFER ARE CERTIFIED TRUE AND CORRECT:

Authorized Company Representative : _____
(Signature Over Printed Name)

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