



PHILIPPINE CHILDREN'S MEDICAL CENTER
 Quezon Avenue, Quezon City
 Tel. No. 588-9900 local 224/226

REQUEST FOR QUOTATION
 No. RFQ-2021- **355** *W*

Date: _____
 Name of Supplier: _____
 Address: _____
 Telephone No. _____

Please quote your lowest price as per specifications per item listed below thru Alternative Mode of Procurement - (Negotiated Procurement - Small Value) **on or before September 06, 2021**
 Please **fax your quotation at 8588-9997** or email at **pcmcproc@gmail.com** c/o **MS. MARY ROSE P. ESTOR**

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	UNIT COST	TOTAL COST
1	1,000	kg	Liquified Petroleum Gas (LPG) *50kg/tank *FOR THE MONTH OF SEPTEMBER CY 2021 USAGE (Staggered Delivery/Payment)	75.00	75,000.00		
TOTAL ABC					75,000.00		

Terms and Conditions:

Staggered Delivery and Staggered Payment for CY-2021

Documentary Requirements:

Nego. Proc (53.9) - Small Value

PhilGEPS Ref No.:

Mayor's/ Business Permit

PhilGEPS Reg. No.:

ITR [for ABC above 500k]

Omnibus Sworn Statement [for ABC above 50k]

 Signature over Printed Name
 Name of Supplier _____

HSPR-PCMC-RQF3
 170314 Rev 1

For Certificate of Creditable Tax Withheld at Source (BIR Form N. 2307) and Certificate of Final Tax Withheld at Source (BIR Form No. 2306) please submit your latest/updated **BIR Certificate of Registration (BIR Form N. 2303) together with your quote.*