



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

REQUEST FOR QUOTATION
No. RFQ-2021-378

Date: _____

Name of Supplier: _____

Address: _____

Telephone No. _____

Please quote your lowest price as per specifications per item listed below thru Alternative Mode of Procurement - (Shopping - Sh 52.1.b) on or before **September 15, 2021**

Please fax your quotation at 588-9997 or email at pcmcproc@gmail.com c/o MS. MARY ROSE P. ESTOR

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/PACKAGING	UNIT COST	TOTAL COST
1	8	pc	Anti-skid mat for kitchen, 39x58x½, red color	6,000.00	48,000.00			
2	2	pc	Chicken and duck superspike	6,500.00	13,000.00			
3	200	pc	Coffee cups, white	38.50	7,700.00			
4	100	pc	Coffee saucer, white	30.00	3,000.00			
5	2	pc	Hot and cold faucet, wall type	5,000.00	10,000.00			
6	2	pc	Industrial Electric Fan with adjustable height	5,755.00	11,510.00			
7	4	pc	Roasting and baking tray	6,500.00	26,000.00			
8	1	pc	Table style can opener, heavy duty	7,000.00	7,000.00			
TOTAL ABC					126,210.00			

Documentary Requirements:

Shopping (52.1b)

PhilGEPS Refi _____

Mayor's/ Business Permit

PhilGEPS Reg. No

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.