## PHILIPPINECHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City Tel. No. 588-9900 local 224/226

## REQUEST FOR QUOTATION No. RFQ-2021-40\$

Date: September 20, 2021

| Nam   | e of S | upplie  | er:   |          |           |                |                  |  |             |
|---|--------|---------|---|----------|-----------|----------------|------------------|--|-------------|
| Add   | ess:   |         |   |          |           |                |                  |  |             |
| Telephone No.   |        |         |   |          |           |                | Walter Committee |  |             |
| Please quote your lowest price as per specifications per item listed below thru Alternative Mode of Procure                                 |        |         |   |          |           |                |                  |  |             |
| Negotiated Procurement) on or before: September 27, 2021 Please fax your quotation at 8588-9997 or email at pcmcproc@gmail.com c/o Al Menor |        |         |   |          |           |                |                  |  |             |
|   |        |         |   |          |           |                |                  |  | ITEM<br>NO. |
| 1   | 16     | pc      | Battery, EBD, Lead Acid, 12V 12AH, Haevy<br>Duty  | 3,400.00 | 54,400.00 |                |                  |  |             |
| 2   | 3      | pc      | Battery, Sealed Lead Acid, 12V 7AH, Heavy<br>Duty | 1,850.00 | 5,550.00  |                |                  |  |             |
|   |        |         |   |          |           |                |                  |  |             |
|   |        |         | Total:  |          | 59,950.00 |                |                  |  |             |
|   | Ter    | ms ai   | nd Conditions:                                    |          | 33,330.00 |                |                  |  |             |
|   | Do     | cume    | ntary Requirements:                               |          |           |                |                  |  |             |
|   |        |         | (53.9) - Small Value                              |          |           |                |                  |  |             |
|   |        |         | ef#:<br>usiness Permit                            |          |           |                |                  |  |             |
|   |        |         | eg. No  |          |           |                |                  |  |             |
|   |        |         | Cabove 500k]                                      |          |           |                |                  |  |             |
|   | Omn    | ibus Sv | worn Statement [for ABC above 50k]                |          |           |                |                  |  |             |
| -   |        |         | Printed Name                                      |          |           |                |                  |  |             |
| Name of Supplier  |        |         |   |          |           | HSPR-PCMC-RQF3 |                  |  |             |
|   |        |         |   |          |           | 170314 Rev 1   | Q1-3             |  |             |

\*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 No. 2303) together with your quote

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