

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

REQUEST FOR QUOTATION
 No. RFQ-2021-408

Date: September 20, 2021

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) **on or before: September 27, 2021**

Please fax your quotation at 8588-9997 or email at pcmcproc@gmail.com c/o Al Menor

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/PACKAGING	UNIT COST	TOTAL COST
1	1	set	Calibration of Laminar Flow Hood	35,000.00	35,000.00			
2	1	set	Filter, Pre- Filter, Washable Synthetic Fiber Air Filter Media 16 x 16 x 20mm P-202, without Frame (for TPN LFH) and Filter, High Efficiency Particulate Air (HEPA) 99.999% efficiency @ 0.3um)	45,000.00	45,000.00			
Total:						80,000.00		

Terms and Conditions:

Documentary Requirements:

Nego. Proc (53.9) - Small Value

PhilGEPS Ref#: _____

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

Amr