

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

REQUEST FOR QUOTATION
 No. RFQ-2021-410

Date: September 23, 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	50	cyl	Fire Extinguisher, 10 lbs, Dry Checimal Red Brand New	1,500.00	75,000.00			
2	8	cyl	Fire Extinguisher, 10 lbs, HCFC Green Brand New	5,000.00	40,000.00			
3	1	set	Printed, Sticker PCMC Word & Logo for Ambulance Vehicle Doors & Windshied	6,000.00	6,000.00			
4	58	pc	Wall Hanger, for Fire Extinguisher	70.00	4,060.00			
Total:					125,060.00			

Terms and Conditions:

Documentary Requirements:

Nego. Proc (53.9) - Small Value

PhilGEPS Reff: _____

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 _____

M. 9/23/21

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*