



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

REQUEST FOR QUOTATION
 No. RFQ-2021- 434

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 October 08, 2021.**

Please fax your quotation at 588-9997 or email at pcmcproc@gmail.com

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/ PACKAGING	UNIT COST	TOTAL COST
	744	cn	Milk, evaporated milk, 370mL	47.00	34,968.00			
TOTAL ABC						34,968.00		

Terms and Conditions:

Supplies to be delivered should have at least one (1) year and longer expiry

Documentary Requirements:

Shopping (52.1b)

PhilGEPS Ref#: _____

Mayor's/ Business Permit

PhilGEPS Reg. No

Signature over Printed Name

Name of Supplier _____

m. wj/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.*