

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

REQUEST FOR QUOTATION
 No. RFQ-2021-452

Date: October 12, 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: October 15, 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	16	sht	Cast acrylic Sheet,Clear 1/8" x 4ft x 8ft	2,550.00	40,800.00			
2	45	pc	Lumber, 1/2" x 1" x 12ft, S4S KD	68.00	3,060.00			
3	50	pc	Lumber,2" x 2" x 12ft, S4S KD	317.00	15,850.00			
4	2	kg	Nail, Common 2"	55.00	110.00			
5	1	gal	Paint, Gloss Latex # 710, White	627.00	627.00			
6	1	gal	Paint, Permacoat Flat Latex # 701, White	528.00	528.00			
7	1	gross	Screw, Black 1/8" x 1"	50.00	50.00			
Total:					61,025.00			

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 _____

n 10/12/21

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*