

PHILIPPINE CHILDREN'S MEDICAL CENTER Quezon Avenue, Quezon City Tel. No. 8588-9900 local 224/226

REQUEST FOR QUOTATION No. RFQ-2022-040

Date:	
Name of Supplier:	
Address:	
Telephone No.	
Please quote your l	owest price as per specifications per item listed below thru Alternative Mode of Procurement -
Shopping - Sh 52.1	.b) on or before January 24, 2022
Please fax your quo	otation at 588-9997 or email at pcmcproc@gmail.com c/o MS. MARY ROSE P. ESTOR

DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/ PACKAGING	UNIT COST	TOTAL COST
lwich white/transparen	t, 0.30	1,800.00			
eding bottle	70.00	420.00			
l institutional size, 12"	x 250.00	11,250.00			
den, 100s/pk 🔪	59.00 ,	177.00			Years of the second
50s 、	2.00	30,000.00			
ert, 4oz/pc, 50s	1.50	1,875.00			
tic w/ silicone nipple an	153.00	52,020.00			
tic w/ silicone nipple an	162.00	48,600.00			
n x 300m 、	795.00	11,925.00			
, 25pc/pk 、	0.60	1,080.00			
, 100pc/pk 、	0.50	1,875.00			
e, 5 part tray with lid 、	13.50	3,375.00			
3, laminated 、	9.00	24,300.00			
tional size, 12"x300m		1,260.00			
ninated, 5.5"diam, 50pc	0.90	2,700.00			
ninated, 9"diam, 25pc	1.25	2,312.50			
ole, small, 25pc/pk	1.25,	2,250.00			
)'spk	0.30	45.00			
, heavy duty, 105mm x	95.00	2,375.00			
200's/pk	0.40	480.00			
200's/ _[ok 、	ok 0.40	ok 0.40 480.00	ok 0.40 480.00	ok 0.40 480.00

TOTAL ABC

200,119.50

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

HSPR-PCMC-RQF3 170314 Rev 1

*For Certificate of Creditable Tax Withheld at Source (BIR Form No. 2307) and Certificate of Final Tax Withheld at Source (BIR Form No. 2306) please submit your latest/updated <u>BIR Certificate of Registration (BIR Form No. 2303)</u> together with your quote.