

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

REQUEST FOR QUOTATION
No. RFQ-2022-057

Date: February 04, 2022

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: February 9, 2022**

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	6	pc	Cabinet, 5-layer Glass Sliding Door for Storage of OR/Cath Lab Heart Station Supplies and Equipment 3 x 1- 1.5 x 6ft	10,000.00	60,000.00			

60,000.00

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 500k]

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.*

MN