

Name of Supplier__

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

REQUEST FOR QUOTATION

NO. KFQ-2022-098								
Date:								
	of Supp	lier:						
Addre			,					
Telep	hone No	١.						
Pleas	e quote	your le	owest price as per specifications	per item liste	er item listed below thru Alternative Mod			
Proci	ıremen	t - (Sho	pping - Sh 52.1.b) on or before _	March 11, 2	022			
Please fax your quotation at 588-9997 or email at pcmcproc@gmail.com c/o MS. MARY ROSE P. ESTOR								OR .
ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/ PACKAGING	UNIT COST	TOTAL COST
	2 2 2 2							
1	3,000	pc	Pandesal, 30g/pc	4.00	12,000.00			
2	750	lf	Pullman, 21sl/lf	56.00	42,000.00			
\vdash								
			Freshly baked					
			Delivery Schedule: Tuesday/Fi	riday 5:30 AN	1			
			Staggered delivery/payment					
			0.00					
	- 1	(FC	OR 2nd QUARTER OF CY 2022 USA	GE)				
TOTAL ABC					54,000.00			
	Terms a	nd Conc	fitions:					
	Supplies	to be d	elivered should have at least one (1) year and long	ger expiry			
			ery and Staggered Payment for CY-2					
Documentary Requirements:								
Shopping (52.1b)								
	PhilGEP:	S Ref#:						
	Mayor's,	/ Busine	ss Permit					
	PhilGEP:	S Reg. N	0					
Signat	ure ove	r Printed	d Name					

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^{*}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 <u>BIR Certificate of Registration (BIR Form N. 2303)</u> together with your quote.