



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

REQUEST FOR QUOTATION
 No. RFQ-2022-138

Date:

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 - Small Value) on or before **APRIL 04, 2022**

Please fax your quotation at 8588-9997 or email at pcmcproc@gmail.com c/o MS. LOVELY M. ALGODON

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/PACKAGING	UNIT COST	TOTAL COST
1	1,200	pc	Polo Shirt Cotton, two tone colored Printed <i>(please see attached design and layout)</i>	400.00	480,000.00			
TOTAL ABC					480,000.00			

PCMC Requirement:	<i>Please indicate below your delivery terms (in number of days)</i>
Delivery Period: Seven (7) working days upon receipt of approved Purchase Order	

Documentary Requirements:

- Nego. Proc (53.9) - Small Value
- PhilGEPS Ref#: 8570172
- 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 No. 2307) and Certificate of Final Tax Withheld at Source (BIR Form No. 2306) please submit your latest/updated **BIR Certificate of Registration (BIR Form No. 2303)** together with your quote.



OPTION 2
As Reply

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