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

REQUEST FOR QUOTATION
No. RFQ-2022-146

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 05, 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	2	lot	Virtual Platform (20 Host Accounts)	115,451.58	230,903.16			
			TOTAL ABC		**230,903.16**			

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

Documentary Requirements:
Nego. Proc (53.9) - Small Value
PhilGEPS Ref#: 8577131
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.*