



REQUEST FOR QUOTATION
No. RFQ-2022-219

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 **on or before May 13, 2022.**

Please **fax your quotation at 588-9997** or email at **pcmcproc@gmail.com / Attention: YASMIN V. TIU - yastiu@gmail.com**

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/PACKAGING	MANUFACTURER	UNIT COST	TOTAL COST
The following item is VAT - EXEMPT, price offered/quoted must be NET of VAT.									
1	15	v1	Antithymocyte Immunoglobulin (ATG) 250mg/5mL v1	9,842.88	147,643.20				
TOTAL ABC					147,643.20				

PCMC Requirement:	<i>Please indicate below your delivery period in number of days.</i>
Delivery Period: 7 Working days upon receipt of Purchase Order	

Terms and Conditions:

Supplies to be delivered should have at least one (1) year and longer expiry

Documentary Requirements:

Nego. Proc (53.2) - Emergency

Mayor's/ Business Permit

ITR [for ABC above 500k]

Omnibus Sworn Statement [for ABC above 500k]

Signature over Printed Name
Name of Supplier _____

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.*