

PHILIPPINE CHILDREN'S MEDICAL CENTER Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION No. RFQ-2022-267

Date:										
Name of Supplier: Address:										
Telep	hone N	0.								
Pleas	se quot	e vour l	lowest price as per specification	s per item lis	ted below thru	Alternative	Mode of Procur	ement -		
		-	ement - Small Value) on or before							
J			ŕ							
Pleas	se fax y	our qu	otation at 8588-9997 or email a	at pcmcproc@	gmail.com / /	Attention: <u>N</u>	IS. LOVELY M. A	LGODON		
ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/ PACKAGING	MANUFACTURER	UNIT COST	TOTAL COST	
				1						
1	20	roll	Paper, Thermal UPP-84HG (84mm x 12.5m)	700.00	14,000.00					
2	3,000	рс	* Thermometer, Digital Non- mercurial HD)	40.00	120,000.00					
			Note: * Staggered delivery/							
			payment							
				1						
				+						
			TOTAL ABC		134,000.00		<u> </u>			
					·					
PCMC Requirement:						Please indicate below your delivery terms (in number of days)				
Delivery Period: Seven (7) working days upon receipt of approved Purchase Order										
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Terms and Conditions:										
	Supplie	es to be o	delivered should have at least one	(1) year and lo	nger expiry					
Documentary Requirements:										
Nego. Proc (53.9) - Small Value										
PhilGEPS Ref#: <u>8743250</u>										
	-		ess Permit							
		PS Reg. N	ove 500k]							
	-		n Statement [for ABC above 500k]							
 Signa	ture ov	er Printe	ed Name							
Name	e of Sup	plier								

*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 <u>BIR Certificate of Registration (BIR Form No. 2303)</u> together with your quote.