



**PHILIPPINE CHILDREN'S MEDICAL CENTER**  
Quezon Avenue, Quezon City  
**ALTERNATIVE MODE**

**REQUEST FOR QUOTATION**

**No. RFQ-2022-288**

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 **June 28, 2022**

Please fax your quotation at 588-9997 or email at [pcmcproc@gmail.com](mailto:pcmcproc@gmail.com) / Attention: **Al Menor**

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/PACKAGING	MANUFACTURER	UNIT COST	TOTAL COST
1	1	lot	Supply of design, labor, materials and installation of signages for the clinic and rest rooms in the Phase II Doctor's Clinic (Rooms 16-28)	146,000.00	146,000.00				
			Note: please see attached layout and size.						

**TOTAL ABC** 146,000.00

<b>PCMC Requirement:</b>	<i>Please indicate below your delivery period in number of days.</i>
<b>Delivery Period:</b>	

**Terms and Conditions:**

**Documentary Requirements:**

Nego. Proc (53.9) - Small Value

PhilGEPS Ref#: \_\_\_\_\_

PhilGEPS Reg. No

Mayor's/ Business Permit

ITR [for ABC above 500k] not required

Omnibus Sworn Statement [for ABC above 500k] not required

*M*

\_\_\_\_\_  
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.*