

PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION No. RFO-2022-292

Date:	of Supp	lier:						
Address: Telephone No.							-	
Please	quote	your lo	owest price as per specifications per item listed belo ment - Small Value) on or before	w thru Alternativ	e Mode of Pro	ocurement -	-	
	fax yo	ur quo	tation at 8588-9997 or email at pcmcproc@gmail.o	com / Attention:	MS. LOVELY	M. ALGODON	_	
NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	UNIT COST	TOTAL COST	
1	1	unit	1st Surveillance Audit - ISO Certification Body	300,000.00	300,000.00	A		
			Terms:					
			Conduct of External Audit - 1st Surveillance for					
			ISO 9001:2015					
			ISO 14001:2015	 		***************************************		
			External Audit Report					
			Provision of External Auditors					
			TOTAL ABC		300,000.00			
PCMC R	equiren	nent:					elow your delivery	
Delivery	/ Period	Seven (7) working days upon receipt of approved Purchase Order	ed Purchase Order			terms (in number of days)	
	Docum Nego. F PhilGEF Mayor' PhilGEF ITR [for	entary Proc (53 PS Ref # s/ Busin PS Reg. ABC ab	Requirements: .9) - Small Value : 8780691 ness Permit No pove 500k] rn Statement [for ABC above 500k]				,^	
		Printed	d Name					

*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.

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