

PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION No. RFO-2022-303

_				NO. NI Q-2	022-303			
Date:								
Name of Supplier:								
Address:						ANI/ANI-ANI-ANI-ANI-ANI-ANI-ANI-ANI-ANI-ANI-		
Telepl	none No		-			····		
Please	e quote	your lo	west price as per sp	ecifications per item liste	ed below thru Altern	ative Mode o	f Procurement -	
				on or beforeJULY 11,				
Please	e fax yo	ur quot	ation at 8588-9997	or email at pcmcproc@	gmail.com / Attenti	on: MS. LO	ELY M. ALGODO	ON
ITEM	QTY	UNIT	DESCRIPTION		ABC/UNIT	TOTAL ABC	UNIT COST	TOTAL COST
NO.								
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Name	or Supp	iier						
*For C	ertificat	e of Cre	ditable Tax Withhela	at Source (BIR Form No. 2	307) and Certificate o	f Final Tax Wit	hheld at Source	

*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.