

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

## REQUEST FOR QUOTATION

Date: Name of Supplier: Address: Telephone No.			NO. RFQ-2022-3				
Negoti	ated P	rocure	owest price as per specifications per item listed belo ment - Small Value) on or beforeJULY 26, 2022	-			
ITEM NO.	fax yo	UNIT	tation at 8588-9997 or email at pcmcproc@gmail.c	om / Attention:	TOTAL ABC	UNIT COST	TOTAL COST
1	200		County Day size O silican with confest about	528.00	105,600.00		
	200	рс	Cannula, Ram size O, silicon with comfort sleeve		163,680.00		
2 3	310 110	pc pc	Cannula, Ram size 1, silicon with comfort sleeve Cannula, Ram size 2, silicon with comfort sleeve	528.00 528.00	58,080.00		
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			Note: VAT EXEMPT items. The price quoted must	be NET of 12% V	AT.		
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			TOTAL ABC		327,360.00		
PCMC Requirement:						Please indicate below your delivery terms (in number of days)	
Delivery Period: Seven (7) working days upon receipt of approved Purchase Order						denvery terms (m	mannaen eg deger
	Supplie	s to be	nditions: delivered should have at least one (1) year and longer ivery/payment	expiry			
	Nego. I PhilGEI Mayor' PhilGEI	Proc (53 PS Ref # s/ Busin PS Reg.	ness Permit No				
			bove 500k] rn Statement [for ABC above 500k] 				M
			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.