

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

REQUEST FOR QUOTATION No. RFQ-2022-373

Phologen Dof H 8914933

Date:			11011111 (2022 010						
	of Sup	plier:		-					
Addre		pilet.							
	none No	0.		THEN					
Please quote your lowest price as per specifications per item listed below thru Alternative Mode of Procurement -									
			rement on or before August 15,						
Pleas	e fax y	our q	uotation at 8-588-9997 or email a	at danilonrod	lriguez@gma	il.com or pcmcpro	c@gmail.com/		
Atter	tion:								
NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/ PACKAGING	MANUFACTURER	UNIT COST	TOTAL COST
1	1	lot	M-Files License Subscription for twelve Months (5 Users)	414,176.22	414,176.22				
					414,176.22				
PCMC Requirement:						Please indicate below your delivery period in number of days			
Delivery Period:									
	Suppl Stagge Docu Nego. I	ies to ered I menta Proc (Conditions: be delivered should have at least Delivery and Staggered Payment f ary Requirements: 53.9) - Small Value ef#:		and longer e	xpiry			m
Mayor's/ Business Permit									
	7.107		eg. No						
	TR [fo	r ABC	above 500k]						
	Omnibu	us Sw	orn Statement [for ABC above 50	0k]					
Signa	ture ove	er Prin	nted Name						
	of Sup								

*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 <u>BIR Certificate of Registration (BIR Form N. 2303)</u> together with your quote.

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