



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

REQUEST FOR QUOTATION

No. RFQ-2022-406

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 **September 02, 2022**

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

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/PACKAGING	MANUFACTURER	UNIT COST	TOTAL COST
1	15	pc	USB 3.1 Solid State Flash Drive 1TB	12,000.00	180,000.00				

TOTAL ABC 180,000.00

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

- Terms and Conditions:**
Documentary Requirements:
 Nego. Proc (53.9) - Small Value
 PhilGEPS Ref#: _____
 PhilGEPS Reg. No _____
 Mayor's/ Business Permit _____

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.*