

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

REQUEST FOR QUOTATION No. RFQ-2022-508

| TEM NO. | fax yo | ur quo | tation at 8588-9997 or email at pcmcproc@gmail.com | Attention:N | TOTAL ABC | ALGODON UNIT COST | TOTAL COST |
|---|--------|--------|--|-------------|------------|---|-----------------|
| | | | | | | | |
| 1 | 41 | рс | Photo Frames, Big | 3,500.00 | 143,500.00 | | |
| - | | | 22 x 18 inches | | | | |
| + | | | Brown and Gold with matting | | | | |
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| - | | | | | | | |
| | | | TOTAL ABC | | 143,500.00 | | |
| PCMC Requirement: | | | | | | Please indicate below your delivery terms (in number of day) | |
| Delivery Period: Seven (7) working days upon receipt of approved Purchase Order | | | | | | delivery terms (in | i number of ady |

*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.

PDAL-PCMC-RQF3 050422 Rev 2

Signature over Printed Name

Name of Supplier_

Omnibus Sworn Statement [for ABC above 500k]