

PHILIPPINE CHILDREN'S MEDICAL CENTER Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION No. RFO-2022-708

			NO. NI Q-2022-	700			
Date:							
Name of Supplier: Address:							<u>-</u>
							-
Telep	hone No).					_
Dlaac	e aunte	your l	owest price as per specifications per item listed b	elow thru Alter	native Mode o	of Procurement	-
			ment - Small Value on or before <u>December 26</u>		mative widde o	Triocarcinent	•
ivego	rtiateu i	rocure	ment - Sman value on or before	. 2022 .			
Dloac	o fav v	r a	otation at 8588-9997 or email at pcmcproc@gma	il com / Atton	tion: MS LO	WEIVM AIGC	DON
	e lax y	Jui que	T	T T	1011. <u>1VI3. EC</u>	VELT IVI. ALGO	I I
ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	UNIT COST	TOTAL COST
1	400	рс	Pocket Guide	350.00	140,000.00		
			Color Print - High Resolution		Í		
			Glossy Paper 3 inches (width) x 6 inches (ht)				
			150 pages (bac-to-back print = 300 pages)				
			Ring bind				
TOTAL ABC			TOTAL ABC		140,000.00		
	Docum	entary R	equirements:				
	Nego. P	roc (53.	9) - Small Value				
	PhilGEP	S Ref #:	<u>9368779</u>				
	Mayor's	s/ Busine	ess Permit				
	PhilGEP	S Reg. N	lo				
	ITR [for	ABC abo	ove 500k]				
	Omnibu	ıs Sworn	Statement [for ABC above 500k]				
			·				
Signat	ture ove	r Printed	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.

Name of Supplier___