

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

REQUEST FOR QUOTATION No. RFQ-2023-071

Name of Supplier: Address: Telephone No.				_				
- 1.70	Addre							
Nego	tiated F	rocure	owest price as per specifications per item list ment (Small Value) on or before <u>February</u> & station at 588-9997 or email at pcmcproc@g	2023.				
ITEM NO.	QTY	UNIT	DESCRIPTION	ABC	TOTAL ABC	su	SUPPLIER'S OFFER	
						Specifications	Unit Cost	Total COST
	30	host	Virtual Platform, Zoom Meeting, Business Plan, 1 Year Subscription, Includes 300 participants, Polling/Breakout Room, Admin Dashboard	11,545.16	346,354.80			
PCMC	Requi	rement	:					
Delive	ery Per	iod:						

Documentary Requirements:

Nego. Proc (53.9) - Small Value PhilGEPS Ref#: 145 o8 64 Mayor's/ Business Permit PhilGEPS Reg. No

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 <u>BIR Certificate of Registration (BIR Form No. 2303)</u> together with your quote. PDAL-PCMC-RQF3
050422 Rev 2

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