

PHILIPPINE CHILDREN'S MEDICAL CENTER Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION No. RFQ-2023-073

| Date: Name of Supplier: Address: Telephone No. Please quote your | | | owest price as per specifications per item list | ted below thru Alte | rnative Mode | of Procurement | |
|--|---|--|--|---------------------------|--------------|---|------------|
| Nego | tiated | Procure | ement - Small Value on or before February otation at 8588-9997 or email at pcmcproc | <u>, 10, 2023 </u> . | | | |
| ITEM NO. | QTY | UNIT | DESCRIPTION | ABC/UNIT | TOTAL ABC | UNIT COST | TOTAL COST |
| 1 | 668 | рс | PCMC ID Lace & Protector (set) | 150.00 | 100,200.00 | | |
| | | | | | | | |
| | | | TOTAL ABC | | 100,200.00 | | |
| PCMC Requirement: Delivery Period: Seven (7) working days upon receipt of approved Purchase Order | | | | | | Please indicate below your delivery terms (in number of day. | |
| | Nego. I PhilGEI Mayor' PhilGEI ITR [for | Proc (53 PS Ref # s/ Busin PS Reg. I r ABC ab us Swor | ove 500k] n Statement [for ABC above 500k] | | | | |
| | | er Printe | 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 BIR Certificate of Registration (BIR Form No. 2303) together with your quote.

PDAL-PCMC-RQF3 050422 Rev 2