

PHILIPPINE CHILDREN'S MEDICAL CENTER Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION No. RFQ- 2023-520

Please Negot	tiated P	your lo	owest price as per specifications per ment on or before August 18, 202 station at 588-9997 or email at da	23.				ı:	
NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/ PACKAGING	MANUFACTUR ER	UNIT	TOTAL COST
1	13	рс	Catheter Peritoneal, Adult, 62cm	4,700.00	61,100.00				
PCMC Requirement:						Please indicate below your delivery period in number of days.			
			Conditions:	/I) II					
	Stagge	red De nentar	e delivered should have at least of livery and Staggered Payment for y Requirements: 53.9) - Small Value				ماماءه		

*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.

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