

PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City Tel. No. 588-9900 local 224/226/361 ALTERNATIVE MODE

REQUEST FOR QUOTATION

TOTAL COST

			NO.	KFQ-2023-	/30			
Date:								
Name	of Suppl	ier:						
Addre	ess:							
Telep	hone No.							
Pleas	e quote	vour lov	west price as per specifications p	er item listed	below thru A	lternative Mo	ode of	
	•		iated Procurement - SMALL VA					
				, , , ,		•		
Pleas	e fax yo	ur quota	ation at 588-9997 or email at pc	mcproc@gma	ail.com c/o N	IS. MARY RO	SE P. ESTOR	
ITEM		Γ	T		70741 406	BRAND/	LINET COST	Г
NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	PACKAGING	UNIT COST	
1	6,695	kg	Liquefied Petroleum Gas (LPG)	65.20	436,514.00			
								-
								-
				-				-
				-				H
		-						-
			TOTAL ABC				<u> </u>	
			436,514.00					
	Terms and Conditions:							
	STAGGE	RED DELI	IVERY AND STAGGERED PAYMENT I	FOR CY 2023				
							CA	
Documentary Requirements:							UnitA	
Nego. Proc (53.9) - Small Value								
	PhilGEPS	Ref#:						
	Mayor's/	or's/ Business Permit						
	PhilGEPS Reg. No							
	ITR [for ABC above 500k]							
	Omnibus	Sworn S	Statement [for ABC above 500k]					
-								
		n						
Signa	ture over	Printed	Name					

*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 N. 2303)</u> together with your quote.

PDAL-PCMC-RQF3 050422 Rev 2

Name of Supplier_