



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ-2023-755

Date:
Name of Supplier:
Address:
Telephone No.

Please quote your lowest price as per specifications per item listed below thru Alternative Mode of Procurement - Small Value (53.9b) on or before November 23, 2023.

Please fax your quotation at 8588-9997 or email at pcmcproc@gmail.com / Attention: MS. MARY ROSE P. ESTOR

Table with 8 columns: ITEM NO., QTY, UNIT, DESCRIPTION, ABC/UNIT, TOTAL ABC, UNIT COST, TOTAL COST. Includes row for 'Lights and Sounds Plus LED Wall (Rental)' and a total row showing 100,000.00.

Documentary Requirements:

Nego. Proc (53.9) - Small Value

PhilGEPS Ref #: _____

Mayor's/ Business Permit

PhilGEPS Reg. No

ITR [for ABC above 500k]

Signature over Printed Name
Name of Supplier _____

*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

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