PHILIPPINE CHILDREN'S MEDICAL CENTER



Quezon Avenue, Quezon City ALTERNATIVE MODE

REQUEST FOR QUOTATION

Date: Name of Supplier: Address:		nlier:	No. RFQ-2024-449						
	hone N								
			owest price as per specifications per item listed below the ement Small Value on or before August 15,2024	ru Alternativ	e Mode of Pro	ocurement -			
Please	fax yo	ur qu	otation at 588-9997 or email at pcmcproc@gmail.com	/ Attention	: Agnes S.En				
						\$UPPLIER'S OFFER			
ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/ PACKAGING	UNIT COST	TOTAL COST	
1	7	рс	Chair, Bar Stool without Back with Chrome plated Foot Ring Gaslifts, Nylon Star base with Twin Caster, 325 diameter x 420H-540H mm, Color: black	3,540.00	24,780.00				
2	9	pc	Chair, Clerical Continuous mid-back, mesh with armrest, gaslift, chrome base with caster wheel, color: black	4,800.00	43,200.00				
3	1	рс	Chair, Jr. Executive ergonomic midback, leatherette with padded armrest high density back and seatrest foam swivel and tilting mechanism pneumatic height adjustment, gas lift, chrome base with caster wheel, color: black	5,809.00	5,809.00				
4	5	рс	Dual Way Window Counter Intercom System Speaker Microphone	3,000.00	15,000.00				
					00 200 00				
			TOTAL ABC		88,789.00				
PCMC Requirement:						Please indicate	Please indicate below your delivery period in number of days.		
Delive	ery Per	iod:							
Terms and Conditions: Documentary Requirements: Nego. Proc (53.9) - Small Value PhilGEPS Ref#: PhilGEPS Reg. No Mayor's/ Business Permit ITR [for ABC above 500k] Omnibus Sworn Statement [for ABC above 500k]							Chros 8 9-2084		
Signatu	re over P	rinted N	ame						

*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.

PDAL-PCMC-RQF3 050422 Rev 2

Name of Supplier_