



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City
Tel. No. 8588-9900 local 224/226

REQUEST FOR QUOTATION
No. RFQ-2022-045

Date:

Name of Supplier: _____

Address: _____

Telephone No. _____

Please quote your lowest price as per specifications per item listed below thru Alternative Mode of Procurement - (Negotiated Procurement - Small Value) on or before **January 28, 2022**

Please fax your quotation at **8588-9997** or email at **pcmcproc@gmail.com** c/o **MS. LOVELY M. ALGODON**

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	UNIT COST	TOTAL COST
1	10	hosts	Virtual Platform for Training Activities	11,989.20	119,892.00		
			License - Yearly Subscription				
			Special Features:				
			Includes 300 participants				
			Polling/Breakout Room				
			Admin Dashboard				
			Vanity URL				
			Option for on-premise deployment				
			Managed domains				
			Single sign-on				
			Company branding				
			Custom emails				
			LTI Integration				
			Cloud Recording Transcripts				
			Scope of Work:				
			Provision of License				
			Zoom User/Admin Training				
			After Sales Support				
			Mode of Payment: 1 Year Prepay				
TOTAL ABC					119,892.00		

Terms and Conditions:

Supplies to be delivered should have at least one (1) year and longer expiry

Documentary Requirements:

Nego. Proc (53.9) - Small Value

PhilGEPS Ref#:

Mayor's/ Business Permit

PhilGEPS Reg. No

ITR [for ABC above 500k]

Omnibus Sworn Statement [for ABC above 500k]

Signature over Printed Name

Name of Supplier _____

HSPR-PCMC-RQF3
170314 Rev 1

*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.