



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ-2022-248

Philgeps: 8730078
6/7 - 6/10/22

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 on or before **June 10, 2022**.

Please fax your quotation at 8-588-9997 or email at danilonrodriguez@gmail.com or pcmcproc@gmail.com/

Attention:

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/ PACKAGING	MANUFACTURER	UNIT COST	TOTAL COST
1	3	pc	Anti-bedsore mattress	1,850.00	5,550.00				
2	18	pc	BP apparatus w/ stethoscope	1,000.00	18,000.00				
3	18	pc	Portable pulse oxymeter, finger tip	2,500.00	45,000.00				
					68,550.00				

PCMC Requirement:

Please indicate below your delivery period in number of days

Delivery Period:

Terms and Conditions:

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

Staggered Delivery and Staggered Payment for CY-2022

Documentary Requirements:

Nego. Proc (53.9) - Small Value

PhilGEPS Ref#: _____

Mayor's/ Business Permit

PhilGEPS Reg. No

Signature over Printed Name

Name of Supplier _____

*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

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