



PHILIPPINE CHILDREN'S MEDICAL CENTER
Quezon Avenue, Quezon City
ALTERNATIVE MODE

REQUEST FOR QUOTATION
No. RFQ-2022-512

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 Small Value Procurement on or before **October 11, 2022**

Please fax your quotation at 588-9997 or email at pcmcproc@gmail.com / Attention: **Al Menor**

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/PACKAGING	MANUFACTURER	UNIT COST	TOTAL COST
1	6	pc	Fixed Caster 6" x 1 1/4, Stainless Steel, Flange type, heavy duty	3,468.00	20,808.00				
2	12	pc	Swivel Caster, 6"x 1 1/4", Stainless Steel, Flange type with brake, heavy duty	4,634.00	55,608.00				
			Replacement for the two (2) units Cambro Cart PN # 1410-416-9977 and 78 located at Nutrition and Dietetics, 30 tray capacity						
			TOTAL AMOUNT		76,416.00				

PCMC Requirement: _____ *Please indicate below your delivery period in number of days.*
Delivery Period: _____

Terms and Conditions:
Documentary Requirements:
Nego. Proc (53.9) - Small Value
PhilGEPS Ref#: _____
Mayor's/ Business Permit
PhilGEPS Reg. No

M

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.*