



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

REQUEST FOR QUOTATION
No. RFQ-2022-685

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 December 09, 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 | Supplier's Offer | | |
|--------------------------|-----|------|---|-----------|------------|--|-----------|------------|
| | | | | | | BRAND/ Specifications | UNIT COST | TOTAL COST |
| 1 | 12 | pc | Couch with upholstered cover, gray <i>conforme on the attached drawing</i> | 10,000.00 | 120,000.00 | | | |
| 2 | 3 | pc | Medication Tray, Eight to Twelve holes / compartment for every patients medicines, lightweight, easy to clean stainless steel Dimension: 14"W x 2"H x 12"L, handle height at least 7" weight: at least 500gms to 1kl | 3,625.00 | 10,875.00 | | | |
| Total Amount | | | | | | 130,875.00 | | |
| PCMC Requirement: | | | | | | <i>Please indicate below your delivery period in number of days.</i> | | |
| Delivery Period: | | | | | | | | |

Terms and Conditions:

Documentary Requirements:

Nego. Proc (53.9) - Small Value

PhilGEPS Ref#: _____

Mayor's/ Business Permit

PhilGEPS Reg. No

Handwritten mark

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.*

Handwritten mark

COUCH/ BED BOX STORAGE WITH MATTRESS LEATHERETTE COLOR BLACK

