



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ-2023-260

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 **May 2, 2023** .

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

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	UNIT COST	TOTAL COST
1	50	pc	Coloring books	100.00	5,000.00		
2	57	bx	Crayons, 8's, non-toxic	25.00	1,425.00		
3	12	pair	Electrode, rubber for Tensmed S82; 4x6cm	2,520.00	30,240.00		
4	8	sheet	Foam - without cover; 4"x30"x75"; comfort plus	3,000.00	24,000.00		
TOTAL ABC					60,665.00		

PCMC Requirement:	<i>Please indicate below your delivery terms (in number of days)</i>
Delivery Period: Seven (7) working days upon receipt of approved Purchase Order	

- Documentary Requirements:**
- Nego. Proc (53.9) - Small Value
 - PhilGEPS Ref #: **9687234**
 - 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 _____

*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.