



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ-2023-439

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 July 17, 2023.

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

Table with 9 columns: ITEM NO., QTY, UNIT, DESCRIPTION, ABC/UNIT, TOTAL ABC, BRAND/PACKAGING, UNIT COST, TOTAL COST. Contains 13 rows of item specifications and a total row.

TOTAL ABC

52,150.00

Table with 2 columns: PCMC Requirement: and Delivery Period: Seven (7) working days upon receipt of approved Purchase Order. Includes a note to indicate delivery terms.

Documentary Requirements:

- Nego. Proc (53.9) - Small Value
PhilGEPS Ref #: 9933 993
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.