



**PHILIPPINE CHILDREN'S MEDICAL CENTER**

Quezon Avenue, Quezon City

**ALTERNATIVE MODE**

**REQUEST FOR QUOTATION**

**No. RFQ-2023-684**

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 October 16, 2023.**

Please fax your quotation at 8-588-9997 / 8-9240840 or email at [pcmcproc@gmail.com](mailto:pcmcproc@gmail.com) c/o **DANILO N. RODRIGUEZ**

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	SUPPLIER'S OFFER	UNIT COST	TOTAL COST
1	200	pc	Drapes, surgical drapes disposable	290.00	58,000.00			
2	20	pc	Egg Crate Mattress Foam (sz. 36x75x2 Inch)	1,500.00	30,000.00			
<b>TOTAL ABC</b>					<b>88,000.00</b>			

<b>PCMC Requirement:</b>	<i>Please indicate below your delivery period in number of days.</i>
<b>Delivery Period:</b>	

**Terms and Conditions:**

- > Supplies to be delivered should have at least one (1) year and longer expiry
- > Staggered delivery/payment

**Documentary Requirements:**

Nego. Proc (53.9) - Small Value

PhilGEPS Ref No. : \_\_\_\_\_

Mayor's/ Business Permit

PhilGEPS Reg. No

10213376

10/12 - 10/16/23

ITR [for ABC above 500k]

Omnibus Sworn Statement [for ABC above 500k]

*CMC*

\_\_\_\_\_  
 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.*