



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ- 2023-723

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 November 07, 2023.**

Please fax your quotation at 8-588-9997 / 8-9240840 or email at pcmcproc@gmail.com c/o MARY ROSE P. ESTOR

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	SUPPLIER'S OFFER	UNIT COST	TOTAL COST
1	16000	pc	Evacuated tube, yellow top 3-4ml plastic tube screw cap	5.00	80,000.00			
2	10	pc	Fecal Hemoscreen for occult blood	27.00	270.00			
TOTAL ABC					80,270.00			

PCMC Requirement:

Please indicate below your delivery period in number of days.

Delivery Period:

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

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 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.*

PDAL-PCMC-RQF3

050422 Rev 2