



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

REQUEST FOR QUOTATION
No. RFQ-2024-026

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 **on or before January 23, 2024**

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
			Supply and installation of the replacement for Anesthesia Machine located at PERI					
	2	pc	Flow Sensor	88,000.00	176,000.00			
TOTAL ABC					176,000.00			

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#: _____
 PhilGEPS Reg. No _____
 Mayor's/ Business Permit
 ITR [for ABC above 500k] not required
 Omnibus Sworn Statement [for ABC above 500k] not required

Amor
 1-16-2024

 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.*