



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

REQUEST FOR QUOTATION
No. RFQ-2024-027

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
1	1000	pc	Soap Dish w/ Cover	18.60	18,600.00			
2	1383	pc	Soap, Antibacterial 60g	18.50	25,585.50			
3	1300	pc	Spoon and Fork, Stainless steel, Individually packed / set	15.75	20,475.00			
TOTAL ABC					64,660.50			

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

AMR
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.*