



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

REQUEST FOR QUOTATION

No. RFQ-2024-069

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 February 14, 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
	2	unit	Airconditioner, Ceiling Suspended Inverter Type, 4.0HP, Capacity, 230V / 1pH / 60hz complete with standard accessories	122,640.00	245,280.00			
	1	lot	Supply of labor, tools, materials, installation, testing and commissioning	98,112.00	98,112.00			
			Warranty:					
			12 months on Parts & services from the date of Start-up					
			5 year on Compressor					
TOTAL ABC						343,392.00		

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

Amín
2-8-2024

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.*