



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

REQUEST FOR QUOTATION
No. RFQ-2024-115

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 **March 8, 2024**

Please fax your quotation at 588-9997 or email at pcmcproc@gmail.com / Attention: **Alonzo Menor**

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/PACKAGING	MANUFACTURER	UNIT COST	TOTAL COST
			Replacement for the back-up outdoor unit of the indoor air conditioning unit located at Air Handling Unit (AHU) of Neurodiagnostic Laboratory						
1	1	gal	Motor Compressor, model number: CSB373H6B	26,000.00	26,000.00				

TOTAL ABC 26,000.00

PCMC Requirement:	<i>Please indicate below your</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
3-4-2024

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.*