



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ-2024-119

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 12, 2024.

Please fax your quotation at 8588-9997 or email at pcmcproc@gmail.com / Attention: MS. LOVELY M. ALGODON

Table with columns: ITEM NO., QTY, UNIT, DESCRIPTION, ABC/UNIT, TOTAL ABC, BRAND/PACKAGING, SUPPLIER'S OFFER (UNIT COST, TOTAL COST). Rows include Books (Pediatric And Perinatal Autopsy, Pediatric Pathology, WHO Classification of Tumors) and Poster Paint (various colors).

Please indicate your Delivery Terms (in number of days)
Delivery Period:

Documentary Requirements:

- Nego. Proc (53.9) - Small Value
PhilGEPS Ref #:
Mayor's/ Business Permit
PhilGEPS Reg. No
ITR [for ABC above 500k]
Omnibus Sworn Statement [for ABC above 500k]

Handwritten signature and date: 8-5-2024

Signature over Printed Name
Name of Supplier

*For Certificate of Creditable Tax Withheld at Source (BIR Form No. 2307) and Certificate of Final Tax Withheld at Source (BIR Form No. 2306) please submit your latest/updated BIR Certificate of Registration (BIR Form No. 2303) together with your quote.