

## 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	e auot	e vour l	owest price as per specifications per item listed be	elow thru Alter	native Mode o	of Procurement	t -	
			ment - Small Value) on or before March 12, 20					
, TOBO	ciacca	, roourc						
Please	e fax y	our quo	otation at 8588-9997 or email at pcmcproc@gma	ail.com / Atten	tion: MS. LO	OVELY M. ALG	ODON	
			DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/ PACKAGING		nic offen
NO.	QTY	UNIT					SUPPLIE	R'S OFFER
NO.							UNIT COST	TOTAL COST
			BOOKS					
1	1	рс	Pediatric And Perinatal Autopsy ( COHEN)	4,000.00	4,000.00			
2	1	рс	Pediatric Pathology (DENNER)	4,000.00	4,000.00			
3	1	рс	WHO Classification of Tumors( Updated Edition) " HEAD AND NECK"	4,000.00	4,000.00			
4	1	рс	WHO Classification of Tumors( Updated Edition) " HEMATOLYMPHOID"	4,000.00	4,000.00			
5	1	рс	WHO Classification of Tumors( Updated Edition) " KIDNEY"	4,000.00	4,000.00			
6	1	рс	WHO Classification of Tumors( Updated Edition) " TUMORS OF THE URINARY SYSTEM AND MALE GENITAL ORGANS"	4,000.00	4,000.00			
7	1	рс	WHO Classification of Tumors( Updated Edition) "SKIN"	4,000.00	4,000.00			
			POSTER PAINT					
8	2	bt	Poster paint ,blue( water based 437ml)	500.00	1,000.00			
9	2	bt	Poster paint ,purple( water based 437ml)	500.00	1,000.00			
10		bt	Poster paint ,red( water based 437ml)	500.00	1,000.00			
11	2	bt	Poster paint ,white( water based 437ml)	500.00	1,000.00			
12	2	bt	Poster paint ,yellow( water based 437ml)	500.00	1,000.00			
			THERMAL RIBBON					
13	3	rl	Thermal Transfer Ribbon, Hot Foil Tape for	15,000.00	45,000.00			
			Cassette labeller, black ink, 1.125 in x 400 ft					
TOTAL ABC 78,000.00								
Please indicate your Delivery Terms (in number of days)								
Delivery Period:								
				A STATE OF THE STA				
	Docum	oontan/	Paguirements:					

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]

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 <u>BIR Certificate of Registration (BIR Form No. 2303)</u> together with your quote.