



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

REQUEST FOR QUOTATION
No. RFQ-2024-122

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 14, 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
1	548	pc	Container, plastic 1/2 Gallon white (for placenta)	43.58	23,881.84				
2	1168	gal	Soap, Liquid antibacterial (Detergent)	170.00	198,560.00				
3	4000	pc	Trashliner, orange, medium	3.75	15,000.00				
<i>Note: Please send sample for evaluation</i>									

TOTAL ABC 237,441.84

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

gmt
3-8-2024

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.*