



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

REQUEST FOR QUOTATION
No. RFQ- 2024-133

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 March 18, 2024.**

Please fax your quotation at 588-9997 or email at danilonrodriguez@gmail.com/ pcmcproc@gmail.com / Attention: _____

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/ PACKAGING	MANUFACTURER	UNIT COST	TOTAL COST
1	5	SET	Laryngoscope, Filber Optic Set, LED Medium handle with blade 00, 0 and 1	38,500.00	192,500.00				
2	29	pc	Stethoscope, Pedia	6,200.00	179,800.00				

372,300.00

PCMC Requirement:	<i>Please indicate below your delivery period in number of days.</i>
Delivery Period:	
Warranty:	

Terms and Conditions:

Supplies to be delivered should have at least one (1) year and longer expiry
Staggered Delivery and Staggered Payment for CY-2024

Documentary Requirements:

Nego. Proc (53.9) - Small Value
PhilGEPS Ref#:
Mayor's/ Business Permit
PhilGEPS Reg. No

AMT 3-18-2024

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.*