



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

REQUEST FOR QUOTATION

No. RFQ-2024-170

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 April 05, 2024**

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

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	Supplier's Offer		
						BRAND/ Specifications	UNIT COST	TOTAL COST
			Supply of labor, tools, parts and materials for installation of the replacement for the consumable parts, preventive maintenance service for Exhaust Blower and calibration of Negative/Positive Pressure System					
			Parts to be replaced					
	1	set	Fan Belt for exhaust blower	5,350.00	5,350.00			
	1	set	Hepa Filter	92,100.00	92,100.00			
			Others					
	1	lot	Calobration for Negative / Positive Pressure System	17,910.00	17,910.00			
	1	lot	Preventive Maintenance for exhaust blower	4,750.00	4,750.00			
			Warranty;					
TOTAL ABC					120,110.00			

Delivery Period: _____

Warranty:

Terms and Conditions:

Documentary Requirements:

Nego. Proc (53.9) - Small Value

PhilGEPS Ref#: _____

PhilGEPS Reg. No

Mayor's/ Business Permit

IIR [for ABC above 500k] not required

Omnibus Sworn Statement [for ABC above 500k] not required

Chit
4-2-2024

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.*