



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ-2024-180

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 APRIL 08, 2024.

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

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	SUPPLIER'S OFFER		
						Specifications	UNIT COST	TOTAL COST
1	18	host	Virtual Platform, Zoom Meeting, Business Plan, 1 Year Subscription, Includes 300 participants, Polling/Breakout Room, Admin Dashboard	6,000.00	108,000.00			

*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]

*Print 4-4-2024*

\_\_\_\_\_  
\_\_\_\_\_  
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.