



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ-2024-206

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 29, 2024.

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

Table with columns: ITEM NO., QTY, UNIT, DESCRIPTION, ABC/UNIT, TOTAL ABC, SUPPLIER'S OFFER (UNIT COST, TOTAL COST). Row 1: 1, 1, lot, Systematic Review and Meta-analysis, 122,600.00, 122,600.00. Summary row: TOTAL ABC, 122,600.00.

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]

Handwritten signature and date: 4-24-2024

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.