



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ- 2024-229

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 (53.9) on or before May 08, 2024.**

Please fax your quotation at 8-588-9997 / 8-9240840 or email at pcmcproc@gmail.com c/o MARY ROSE P. ESTOR

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	SUPPLIER'S OFFER	UNIT COST	TOTAL COST
1	8	pc	Electric Steam Sterilizer with Dryer	7,000.00	56,000.00			

WARRANTY PERIOD:

TOTAL ABC

56,000.00

PCMC Requirement:	<i>Please indicate below your delivery period in number of days.</i>
Delivery Period: Seven (7) working days	

Documentary Requirements:

Nego. Proc (53.9) - Small Value

PhilGEPS Ref No. : _____

Mayor's/ Business Permit

PhilGEPS Reg. No

Omnibus Sworn Statement [for ABC above 500k]

mm
5-8-2024

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.*

PDAL-PCMC-RQF3

050422 Rev 2