



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ-2024-245

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 MAY 21, 2024 .

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

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	SUPPLIER'S OFFER	
						UNIT COST	TOTAL COST
1	7	pc	Chair, Gang 5-seater for Waiting Area <i>Black</i>	9,432.00	66,024.00		
2	1	pc	Sofa Set Center Table, clear tempered glass top, with stainless steel frame, Dimension: (L) 110cm x (D) 55cm x (H) 40cm	6,500.00	6,500.00		
3	1	set	Sofa set, 3 seater with 2 side tables	30,000.00	30,000.00		
TOTAL ABC					102,524.00		

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: 5-15-2024

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.*