



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

REQUEST FOR QUOTATION
No. RFQ-2024-257

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 **May 27, 2024**

Please fax your quotation at 588-9997 or email at pcmcproc@gmail.com / Attention: Danny Rodriguez

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	Supplier's Offer		
						BRAND/ Specifications	UNIT COST	TOTAL COST
1	100,000	pc	Gloves Examination Nonsterile, Nitrile Powder free 7.0 medium (100's)	3.97	397,000.00			
TOTAL ABC					397,000.00			

Delivery Period: _____

- Terms and Conditions:**
Documentary Requirements:
 Nego. Proc (53.9) - Small Value
 PhilGEPS Ref#: 10879736
 PhilGEPS Reg. No _____
 Mayor's/ Business Permit _____
 ITR [for ABC above 500k] not required
 Omnibus Sworn Statement [for ABC above 500k] not required

 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.*