

PHILIPPINE CHILDREN'S MEDICAL CENTER Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION No. RFQ-2024-304

Date: Name of Supplier: Address: Telephone No. Please quote your lo			west price as per specifications per item listed belo	w thru Alteri	native Mode of	Procurement -	
Negot	iated I	Procurer	ment - Small Value) on or before	-•			
Please fax your quotation at 8588-9997 or email at pcmcproc@gmail.com / Attention: MS. LOVELY M. ALGODON							
NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	SUPPLIE UNIT COST	R'S OFFER TOTAL COST
1	650	pd	PCMC Parking Ticket, one color print with numbering and perforation, 100pcs/pd, size; 9.5 x 3.5, materials: book 40 lbs	80.00	52,000.00	0.00	
			(See attached design and layout)				
			TOTAL ABC		52,000.00		
			Delivery Terms (in number of days)				
Delive	Nego. PhilGE Mayor PhilGE ITR [fo	nentary F Proc (53. PS Ref #: 's/ Busin PS Reg. N r ABC abo	Requirements: 9) - Small Value 10 93 085 (ess Permit No ove 500k] a Statement [for ABC above 500k]			Chivin (-4 - 20 24
	ure ove	er Printed plier	Name				

*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 <u>BIR Certificate of Registration (BIR Form No. 2303)</u> together with your quote.

Republic of the Philippines Department of Health

PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

PARKING TICKET	No.							
DATE	ADDIVAL	AM/PM						
PLATE								
Amount Paid								
CASHIER'S COPY Republic of the Philippines								
Republic of the Philippines Department of Health								
PHILIPPINE CHILDREN'S MEDICAL CENTER								
Quezon Avenue, Quezon City								
PARKING TICKET	No.							
DATE	ARRIVAL	AM/PM						
PLATE	DEPARTURE	AM/PM						
Amount Paid								
CUSTOMER'S COPY								
Republic	of the Philippine	!S						
Department of Health								
PHILIPPINE CHILDREN'S MEDICAL CENTER								
Quezon Avenue, Quezon City								
PARKING TICKET No.								
DATE	ARRIVAL	AM/PM						
	DEPARTUREAM/PM							
Amount Paid								
PARKING FEE	45							
NO CHARGE P50. 00	-15 minutes or le - 1st three (3) hou							
P10.00	-Succeeding hou							
P50.00 P300.00	 Special Parking hours and more 							
B200.00	(without vali							
P300.00 SENIOR CITIZEN / F	 -Lost ticket PWD – free of char 	ge for the 1st						
three (3) hours, succ								
	CONDITIONS							
Parking is on first come, f								
	The parking fee is payment for the use of the parking space only. Special Parking ticket can be validated by the following:							
 Admission Office 	 Admission Office – for admitted patients 							
 Head or representative of unit, Senior Nurse on Duty – for patients with diagnostics tests and /or procedures that might 								
require to stay six (6) and more hours								
	 ETRS – for participants of training, conference, affiliates, rotators, interns and externs 							
 Pathology Division – for blood donors 								
 Department Manager of Division Chiefs who presided the meeting – for attendees of meeting 								
4. PCMC shall not be liable for the loss of or damage to any vehicle that								
has been caused by the fault and negligence of the driver or any third person.								
PCMC is not responsible	5. PCMC is not responsible for any damage to or loss of the vehicle or its							
accessories or articles left therein. 6. The liability of PCMC for the loss of vehicles parked within its premises								
is subject to legal and existing rules and regulations. DO NOT LEAVE YOUR VALUABLE INSIDE THE VEHICLE.								