



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

**REQUEST FOR QUOTATION**  
**No. RFQ-2024-333**

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 July 01, 2024**

Please fax your quotation at 588-9997 or email at [pcmcproc@gmail.com](mailto:pcmcproc@gmail.com) / Attention: **Al Menor**

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	Supplier's Offer		
						BRAND/ Specifications	UNIT COST	TOTAL COST
1		lot	Supply of labor, tools, parts and materials for preventive maintenance service and replacement of consumable parts for Armstrong "FT55150" Air Compressor and "RSLF-09-SSD" Air Dryer of Ethylene Oxide Sterilizer located at Sterilization Room	83,000.00	83,000.00			
			<b>Parts to be replaced: Air Compressor</b>					
	1	pc	Auto Drain					
	3	pc	Intake Filter					
	2	gal	Mineral Oil "Leybold"					
			<b>Parts to be replaced: Air dryer</b>					
	1	pc	Final Filter					
	1	pc	Pre-Filter					
<b>TOTAL ABC</b>					<b>83,000.00</b>			

**Delivery Period:** \_\_\_\_\_

**Terms and Conditions:**

**Documentary Requirements:**

- Nego. Proc (53.9) - Small Value
- PhilGEPS Ref#: \_\_\_\_\_
- PhilGEPS Reg. No \_\_\_\_\_
- Mayor's/ Business Permit
- ITR [for ABC above 500k] not required
- Omnibus Sworn Statement [for ABC above 500k] not required

*Al Menor*  
6-25-2024

\_\_\_\_\_  
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.*