



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

Tel. No. 588-9900 local 224/226/361

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ-2024-350

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 July 1, 2024.**

Please fax your quotation at **588-9997** or email at **pcmcproc@gmail.com** c/o **JULIUS LUCAS**

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	BRAND/PACKAGING	UNIT COST	TOTAL COST
1	9,152	kg	Liquefied Petroleum Gas (LPG)	65.20	596,710.40			
TOTAL ABC					596,710.40			

Terms and Conditions:
STAGGERED DELIVERY AND STAGGERED PAYMENT FOR CY 2024

Documentary Requirements:
 Nego. Proc (53.9) - Small Value
 PhilGEPS Ref#: 10993028
 Mayor's/ Business Permit
 PhilGEPS Reg. No
 ITR [for ABC above 500k]
 Omnibus Sworn Statement [for ABC above 500k]

Chat
6-27-2024

 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.*