



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

REQUEST FOR QUOTATION
No. RFQ-2024-359

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 July 9,2024**

Please **fax your quotation at 588-9997** or email at **pcmcproc@gmail.com / Attention: Agnes S.Enero**

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	SUPPLIER'S OFFER		
						BRAND/MODEL	UNIT COST	TOTAL COST
1	2	unit	Top Chest Freezer, 3-Door, Key Lock, Dual Function, 29 cu.ft	49,000.00	98,000.00			
			Warranty Period:					
TOTAL ABC					98,000.00			

PCMC Requirement:	<i>Please indicate below your delivery period in number of days.</i>
Delivery Period: <u>7 working days upon receipt of Purchase Order</u>	

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]

Omnibus Sworn Statement [for ABC above 500k]

Handwritten signature and date: 8-5-2024

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.*