



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ-2024-369

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 09, 2024.

Please fax your quotation at 8588-9997 or email at pcmcproc@gmail.com / Attention: MS. LOVELY M. ALGODON

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	SUPPLIER'S OFFER		
						BRAND/ PACKAGING	UNIT COST	TOTAL COST
			Supply and Delivery of					
1	36	lot	Cellular Communications / Post Paid Plan with free Smart Phone for Twenty Four (24) Months	15,000.00	540,000.00			
			TECHNICAL REQUIREMENTS					
			1. Each mobile postpaid plan should include the following specifications:					
			1.1. Equipped with 5G SIMSs					
			1.1.1. Unlimited call, text, and landline to all networks					
			1.1.2. With free data/mobile internet					
			1.1.3. Smartphone handset with front and back camera					
			2. Mobile postpaid plan subscription for 24 months					
			3. 24 x 7 Technical support reliable customer service, after-sales maintenance, support and product enhancement					
			TOTAL ABC		540,000.00			

Please indicate your Delivery Terms (in number of days)
Delivery Period:

Documentary Requirements:

Nego. Proc (53.9) - Small Value

PhilGEPS Ref #: **11022768**

Mayor's/ Business Permit

PhilGEPS Reg. No

ITR [for ABC above 500k]

Omnibus Sworn Statement [for ABC above 500k]

Handwritten signature and date: 7-5-2024

Signature over Printed Name
Name of Supplier _____

*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 **BIR Certificate of Registration (BIR Form No. 2303)** together with your quote.