



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ-2024-375

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 - EMERGENCY on or before July 12, 2024.**

Please fax your quotation at 8-588-9997 / 8-9240840 or email at pcmcproc@gmail.com c/o MARY ROSE P. ESTOR

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	SUPPLIER'S OFFER	UNIT COST	TOTAL COST
1	48	pc	Bowie and Dick (QA of Autoclave)	330.00	15,840.00			
TOTAL ABC					15,840.00			

PCMC Requirement:	<i>Please indicate below your delivery period in number of days.</i>
Delivery Period:	

Terms and Conditions:

Supplies to be delivered should have at least one (1) year and longer expiry

Documentary Requirements:

Nego. Proc (53.2) - Emergency

PhilGEPS Ref No. : **N/A**

Mayor's/ Business Permit

ITR [for ABC above 500k]

Omnibus Sworn Statement [for ABC above 500k]

MMT
7-11-2024

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.