



**PHILIPPINE CHILDREN'S MEDICAL CENTER**

Quezon Avenue, Quezon City

**ALTERNATIVE MODE**

**REQUEST FOR QUOTATION**

**No. RFQ- 2024-402**

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 23, 2024.**

Please fax your quotation at 8-588-9997 / 8-9240840 or email at [pcmcproc@gmail.com](mailto: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	16,500	pc	Rapid Antigen Test Kit (Covid19)	34.75	573,375.00			
<b>TOTAL ABC</b>					<b>573,375.00</b>			

<b>PCMC Requirement:</b>	<i>Please indicate below your delivery period in number of days.</i>
<b>Delivery Period: Seven (7) working days</b>	

**Terms and Conditions:**

Supplies to be delivered should have at least one (1) year and longer expiry  
Staggered delivery, staggered payment

**Documentary Requirements:**

[Nego. Proc \(53.9\) - Small Value](#)

PhilGEPS Ref No. :

PhilGEPS Ref#:

Mayor's/ Business Permit

PhilGEPS Reg. No

\_\_\_\_\_

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.*