



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ- 2024-417

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 August 02, 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	10,000	pc	Evacuated tube, Yellow top 3.5ml, 100s plastic with gel separator	4.75	47,500.00			
2	15,000	pc	Evacuated K2 EDTA for automated process	11.00	165,000.00			
TOTAL ABC					212,500.00			

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

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#: 11096730

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.