

## PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

## ALTERNATIVE MODE

## REQUEST FOR QUOTATION No. RFQ-2024-417

Date	2:							
Nan	ne of Supp	lier:						
Add	ress:							
Tele	phone No							
Plea	ase quote	your	lowest price as per specifications per	item listed be	elow thru Alterna	ative Mode o	of Procuremen	nt -
Neg	otiated F	rocur	ement - SMALL VALUE on or before	August 02, 20	024.			
Plea	ase fax yo	ur qu	otation at 8-588-9997 / 8-9240840	or email at pcr	ncproc@gmail.c	om c/o MAI	RY ROSE P. ES	STOR
ITE		<u> </u>	I		· T	SUPPLIER'S		
M NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	OFFER	UNIT COST	TOTAL COST
			Evacuated tube, Yellow top 3.5ml,					
1	10,000	рс	100s plastic with gel separator	4.75	47,500.00			
			Evacuated K2 EDTA for automated					
2	15,000	рс	process	11.00	165,000.00			
			TOTAL ABC		212,500.00			
PC	MC Red	quirer	ment:	Please indicate below your delivery period in number of days.				
De	livery Po	eriod:	Seven (7) working days					
Terms and Conditions: Supplies to be delivered should have at least one (1) y Staggered delivery, staggered payment  Documentary Requirements: Nego. Proc (53.9) - Small Value PhilGEPS Ref No.: PhilGEPS Ref#: Mayor's/ Business Permit PhilGEPS Reg. No				year and longe	er expiry			
	nature ove ne of Supp		ed Name					

\*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 <u>BIR Certificate of Registration (BIR Form No. 2303)</u> together with your quote.

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