



PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

ALTERNATIVE MODE

REQUEST FOR QUOTATION

No. RFQ-2024-446

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 13, 2024.

Please fax your quotation at 8588-9997 / 8924-0840 or email at pcmcproc@gmail.com c/o JULIUS LUCAS

Table with 9 columns: ITEM NO., QTY, UNIT, DESCRIPTION, ABC/UNIT, TOTAL ABC, BRAND/PACKAGING, UNIT COST, TOTAL COST. Includes items like Cling wrap, Cup paper, Foil aluminum, Food wrapping paper, etc.

TOTAL ABC

65,235.58

Table with 2 columns: PCMC Requirement: and Delivery Period: Seven (7) working days.

Documentary Requirements:

Nego. Proc (53.9) - Small Value

PhilGEPS Ref. #.:

Mayor's/ Business Permit

PhilGEPS Reg. No.: 11135716

Omnibus Sworn Statement [for ABC above 50k]

Handwritten signature and date: 8-8-2024

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.